

Chemist & Druggist

Benn >>

SEPTEMBER 14 1974

THE NEWSWEEKLY FOR PHARMACY

**The Philishave
90 Super Exclusive**

**The Philishave
3 Rechargeable 90 Super**

**The Philishave
3 de luxe 90 Super**

**The Philishave
3 Special 90 Super**

**The Philishave
Popular 90 Super**

**The Philishave
Compact 90 Super**

**The Philishave
Cordless 90 Super**

The Philips XTR7

The Ladyshave Special

The Ladyshave De Luxe

The Ladyshave Cordless

The Ladyshave Beauty

The Beauty Set

**Security
cabinets: a
new deadline**

**Guild seeks
3-tier London
weighting**

**Conference:
more reports
and pictures**

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TOILETRIES**

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The newsweekly for pharmacy

14 September 1974 Vol. 202 No. 4930

115th year of publication

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Dublin will be offering a warm welcome
to delegates attending next years FIP
Congress (see p 370)



A special offer from Sweetex, the brand leader -a free tape measure!

Free Tape Measure Offer on a 500 tube of Sweetex. Blister-packed together onto a display card and available in a compact counter display unit containing 12 packs.

And That's Not All! The hard-hitting Sweetex advertising campaign, starring Anita Harris and Mike Aspel, will continue to attract new customers for you during the sugar shortage.

So find out more about the special **Sweetex Free Tape Measure Offer** terms from your Crookes Anestan representative.



Display **Sweetex**
The no-Calorie sweetener

Comment

Welcome support

Most advocates of greater professional responsibility for the general practice pharmacist are to be found within the ranks of the profession itself, so it was all the more reassuring to hear those same views expressed by a leading medical man, Dr Peter Parish, at the British Pharmaceutical Conference (p. 363).

In perhaps one of the most entertaining and well-received speeches of Conference week, he gave his idea of the role of the general practice pharmacist. But behind his humorous approach — the audience laughter disturbed a more sombre science session some distance down the corridor — was a well-researched and sympathetic paper.

It was no mere lip-service to a pharmaceutical audience, and Dr Parish freely confessed the failings of his own profession — that doctors are issuing more repeat prescriptions without seeing the patient, particularly for psychiatric drugs, that doctors are delegating more prescription writing to receptionists, that doctors know little about adverse drug reactions and interactions and that patients are complaining more and more that they receive drugs rather than treatment.

He admitted a certain reluctance to tell pharmacists what they should be doing — "How would you like to give a paper at the British Medical Association annual meeting on the role of the general practice doctor?" — but his views were based on an intensive study of pharmacy journals and opinions of individual pharmacists.

Self-respect

"You have got to believe in yourselves," Dr Parish urged, "Get your self-respect back." In discussions with patients he had frequently found more esteem for the pharmacist than for the doctor "so you are more respected than you think you are." His attitude was that pharmacists have the knowledge, and a great deal of respect from the public. But what were they doing about it? "Shout louder", he insisted, "You're all so gentlemanly at Bloomsbury Square."

With pharmacists as important as any other member of the health team the best way to get equality now would be to get equality in salary.

Parish rightly pointed out the need for a consensus within the profession about the direction ought to take — which once decided should be adhered to!

One potentially useful piece of ammunition in the search for equality could be surveys of the kind being carried out at Heriot-Watt University's department of pharmacy (see p.350). Although the plan is said to be "the development of appropriate methodology for studies of drug usage," the results so far give *proof* of how many doctors are unaware of drug interactions, write prescriptions badly, or

delegate the responsibility to their receptionist.

Dr Parish's paper should have fired the imagination of those present, but few contributors to the discussion were prepared to follow his lead. He might have been asked how far he, as a doctor, is prepared to go in accepting a pharmacist's advice — and being *seen* to accept it by the patient, just as the pharmacist has to be seen carrying out a doctor's instructions. Where was the voice of the younger generation of pharmacists whose careers are so dependent upon resolution of the "identity crisis"?

Summarised, Dr Parish's message to the profession was identical to that of an earlier conference speaker, Dr W. S. Apple (last week, p.335): "Stand on your own feet." He reminded pharmacists of their potential; it is up to the individual practitioner to see that his faith is not misplaced.

Untimely clash

Pharmacists will view with extreme anxiety the reported clash between Independent Chemists Marketing Ltd and the Council of the Pharmaceutical Society concerning Care advertising.

Now that the facts of the advertising are sub-judice it would be wrong to go over the precise details upon which the Statutory Committee's judgment will be based, but we are concerned about the manner in which the present stage of the conflict has come about.

The first advertisement to the public mentioning the Care operation appeared on January 24. Thus there have been only eight months since the problem arose and now we are at a confrontation.

Bearing in mind that the Council meets but monthly it is surely right to ask: "Have all aspects of the problem been considered in depth?" and "Has there been adequate interchange of information between the Council and ICML?"

To refer back to the matter of timing, ICML reacted to the criticism that arose after the first advertisement and amended copy appeared in their advertisements at the end of May. Thus if the second series of advertisements are the subject of complaints to the Statutory Committee the maximum period for discussion between the parties is narrowed to 14 weeks.

We therefore feel that the business has "got into the legal pipeline" somewhat prematurely and some strenuous efforts should be made to get it out of that situation before it is too late and irrevocable decisions are taken.

That impression gains strength by the fact that the Council of the Society has indicated that it intends to refer the question of the use of restricted

Comment

Continued from p 349

titles to the branches of the Society for them to consider and report back. In other words, the very basis of the Statement Upon Matters of Professional Conduct is being questioned — and as we go to press comes news of Apocaire's challenge to the current interpretation (see opposite). Altogether an unhappy business that should have been avoided.

Xrayser

Investigations carried out from time to time by this paper as to the popularity with the readership of the various sections, have shown the feature Topical Reflections high on the list. Ever since the column first appeared in 1899 the authors — there have been fewer than might be expected to cover a span of 75 years — have contributed anonymously under the pen-name Xrayser.

Our current contributor has just completed 20 years and to mark the occasion there was a celebration luncheon at the *C & D* office.

From the time he took over in September 1954 he has meticulously stuck to his deadline and where his contributions have been late to arrive on the editor's desk the culprit has been the postal service.

Printing disputes have been troublesome during the years and, in common with other publications, *Chemist and Druggist* copies have consequently been delayed in reaching their destination. When this happens, the already short time available for Xrayser to read the edition and write his copy, is further reduced. Yet he has never failed to produce his commentary. Bearing in mind that he is a general practice pharmacist subject to the usual after-hours work normally associated with small businesses, his record is all the more remarkable.

All this, of course, concerns the editor more than the readership. That the readers too are not disappointed is borne out by the fact that he is possibly the most widely quoted commentator on topical subjects in pharmaceutical circles. His contributions, right from the start, have carried the stamp of perception, accuracy and clarity. Where he disagrees with someone's statement or action he naturally gives his reasons. However, the criticism has never been tinged with acrimony but often with humour making it all the more forceful.

His many years in retail pharmacy, his knowledge of literature, and of pharmaceutical history (as regular readers of his column must by now be aware,) his love of Gilbert and Sullivan plus a host of other "relaxations" have stood him and *C & D* in good stead. Long may they continue to do so.

Slide-rule designed to show drug interactions

A drug interaction slide-rule has been designed by Dr I. Stockley, department of pharmacy, University of Nottingham.

He showed a large scale working model of the slide rule at an experimental demonstration session at last week's Conference. Dr Stockley said the device, which could be made inexpensively of plastic in a pocket-sized form, would be useful for doctors and pharmacists on the ward or in other situations where reference books are not readily available. The slide-rule is intended to give a quick reminder about or an answer to a drug interaction problem — to complement reference books rather than replace them.

About 1,600 interaction questions can be answered. Dr Stockley feels the slide rule is an improvement over previous disc forms of interaction indicators because more drugs are listed and the

clinical importance of the interaction is assessed by a simple system of colours and symbols. A red skull and crossbones indicates a dangerous interaction, for example, whereas a black exclamation mark indicates a possible interaction of unknown importance.

Dr Stockley has no plans as yet for marketing the slide rule. The information can also be set out in the form of a ready-reference wall chart for use in pharmacies.

Study of doctors' prescribing habits

Doctor's prescribing habits are being studied by pharmacists at the department of pharmacy's unit for research into drug usage, Heriot-Watt University.

Questionnaires, first sent out in 1969/70, have been returned from about 880 general practice doctors throughout England and Wales, who have agreed to take part. One month in every 12,

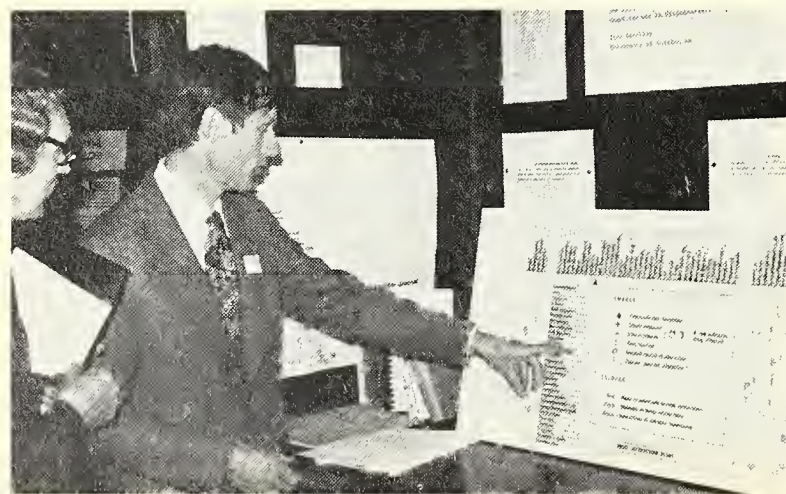
each doctor's prescriptions are sent by the Department of Health to the University for an intensive computer analysis when information on prescribing activity is related to sociological data.

The Health Departments have collated certain prescribing statistics for several years, but the drug usage researchers at the University think "something more useful to medical education and practice in drug therapy is desired." They feel the great increase in number of potent drugs in recent years necessitates better drug information systems and studies of how drugs are actually used in practice.

The work so far has shown that doctors prescribe within a fairly narrow range of drugs and that the incidence of repeat prescriptions has increased, particularly with psychiatric drugs. In one study, prescriptions have been analysed according to how badly or otherwise they have been written, in particular whether the directions given were adequate. It has been confirmed that an increasing number of prescriptions are written in handwriting other than the doctor's, presumably the receptionist's, and that the most badly written prescriptions are written by people other than the doctor.

A send-off for the men

Dr Peter Parish must have had the impending White Paper, "Equality for women", in mind when he addressed the Conference last week. He began his talk by saying how pleased he was to see so many women present as he thought it was so chauvinistic to pack the women off in coaches. Next October he was to speak to a Women's Lib conference on the subject of "Mental health" (pause for laughter) and he hoped to see all the men packed off in coaches!



Dr I. Stockley, University of Nottingham, demonstrates his drug-interaction slide rule to Dr F. Fish, University of Strathclyde. The design is the copyright of Dr Stockley

'Chemists' to be used in Apocaire advertising

Sangers Ltd have given 28 days notice to the Pharmaceutical Society that they intend using the word "chemist" in their consumer advertising.

In his letter, Mr J. W. Ramsay, Sangers' merchandise executive, writes: "Sangers Ltd have exercised extreme care in launching Apocaire to the consumer through poster, radio and point-of-sale advertising. No reference has been made to the word chemist nor to any other restricted title, and indeed design roughs for the poster campaign were submitted to the Ethics Committee of the Pharmaceutical Society for approval prior to publication."

"It appears however, that there is one law for the goose and one law for the gander. Competitive advertising, notably for the Care scheme, makes continued and persistent use of the word chemist."

"At recent seminars held in North and South London for retail chemists displaying the Apocaire scheme, it was unanimously resolved that a letter be sent to the Pharmaceutical Society giving formal notice of intent to incorporate the word chemist in consumer advertising and promotion for Apocaire."

"Reluctantly we must therefore give 28-days formal notice of our intention to use the word chemist in consumer advertising unless other parties are immediately restrained from using the word."

Committee reprimands three pharmacists

Three pharmacists who gave drugs to pensioners without valid prescriptions, were reprimanded by the Statutory Committee of the Pharmaceutical Society on Tuesday.

Two pharmacies in Mexborough were involved in the scheme which was uncovered by the West Yorkshire police. Their inquiries led to the conviction of the three pharmacists and a doctor at Sheffield crown court last November.

The pharmacists were Mr Eric Herbert Dickenson, proprietor of Henry Dews Ltd, High Street, Mexborough; his manager Mr Stuart Alan Shore, Sheffield; and Mr Leslie Manley, owner of a pharmacy in Main Street, Mexborough, until December 1972. All had admitted conspiring to contravene the Therapeutic Substances Act.

Mr Jocelyn Hill, for the Society, said the scheme was carried out to save old people the trouble of going to their health centre. Pre-signed prescriptions were given by the doctor to the chemists. Repeat prescription cards and envelopes were also used. Empty drug containers were also refilled and the amounts written on the pre-signed forms.

The chairman, Sir Gordon Willmer, said it seemed to the Committee that whatever system was operated, "it was fraught with danger to the public." These pharmacists were usurping the function which properly belonged to the doctor.

Pharmacist 'under pressure' court told

An allegation that a woman pharmacist was pressurised to increase turnover was made by her solicitor when she appeared before Newport Pagnell, Bucks, magistrates. Fifty-one-year old Mrs Elizabeth Coogan, of no fixed address, was placed on probation for three years on condition that she resided at a mental hospital.

Mrs Coogan pleaded guilty to the theft of 60 tablets and falsification of prescription forms while she worked as a locum pharmacist at the Newport Pagnell pharmacy of Taylors Ltd, High Street, sometime between June 3 and 12. Her solicitor, Mr Peter Foinette, asked for

a further 166 similar offences, committed while she worked as a locum in other parts of the country, to be taken into account.

Mr Foinette told of a total of 4,600 pills, mainly tranquillisers and sleeping pills, in the possession of the police resulting from the charges. He said many of the charges related to dispensing. Goods had not been stolen but forms altered and the stock still left on the shelves. Mr Foinette spoke of a "ridiculous amount" of stomach mixture involved in the offences — three gallons, enough dosage for 450 days. He said many of the offences arose when Mrs Coogan worked near High Wycombe.

"She was told quite clearly that it was expected that the business of the shop should go well. She was constantly pressured to increase figures while she was in charge" said Mr Foinette. This pressure created a stressful situation for Mrs Coogan which she was unable to resist. She was told that if the business prospered she would gain."

There was no grand conspiracy to defraud anyone. If anyone lost it was the Government who marginally lost out on the prescription forms. Neither was there a plan to steal drugs and sell them for profit. Mrs Coogan had a previous conviction for theft in 1968 and one of falsifying accounts. She had been on remand in a mental hospital and had settled in well. Mr Foinette said he had represented Mrs Coogan at a hearing of the Statutory Committee which had deferred decision until October.

C & D Conference Medal Award

The Conference Science Committee awarded the *Chemist and Druggist* Medal for research to Dr S. R. Hesslewood, Aston University, Birmingham. When making the presentation during the closing session the president reminded the audience that the award consisted of a medal and a prize of £25 for the best presentation of a science paper at the Conference. The award was available to pharmacists or graduates in pharmacy who are 30 years old or younger and presenting a paper to the Conference for the first time.

The award was instituted in 1971 through the generosity of the publishers

of *Chemist and Druggist*. Mr Stevens said "When the award was inaugurated it was hoped it would have the effect of encouraging more young pharmacists to present the result of their work at our Conferences. Last year 20 young authors presented a science paper for the first time and that was a record total. This year that record has been beaten. I believe that the total is 23 and this amply confirms the success of the Award and the object for which it was instituted. Dr Hesslewood's paper was on the sensitivity of R+ strains of *Proteus mirabilis* to sodium desoxycholate."



Dr S. R. Hesslewood (left) receives his C&D Medal and cheque from the hands of the president, Mr C. Stevens, at the Conference closing session

Hospital pharmacists claim a three-tier London allowance

The Guild of Hospital Pharmacists is to press for a three-tier London allowance, and is claiming £800 per annum for inner London, £300 for outer London, and £200 for peripheral London, backdated to July 4

Although accepting the basic arguments in the Pay Board's recent London Weighting Report, (C&D July 6, p 6) the Guild says it has severe reservations about the amounts and the area to be covered. The Guild's claim document points out that a letter from the Secretary of State for Employment to the Trades Union Congress stated that negotiators should not be rigidly bound by the Pay Board's recommendations of £400 for inner London and £200 for outer London. "I point this out to you as I do not wish to have our time wasted in futile exchanges about £400 and £200."

Inner London is defined by the Guild as the Inner London Education Committee borough boundaries supplemented by the boroughs of Kensington and Hammersmith. Here £233 is claimed for housing, £105 for travel (based on 8.7p per mile for car travel), £54 for other costs (from the Pay Board's report) and £150 excess travel hours. Taking into consideration income tax, (£265.58) the final figure is £807.58. For outer London (London boroughs outside the inner ring with the addition of Watford) the total claim of £305.45 breaks down into housing £117, travel £24, other costs £54, and tax £100.45.

Anomalies

To stop at the Metropolitan boundaries (the custom in the past) has created anomalies and absurdities, eg the allowance is paid in Watford but not Leavesden, the Guild's claim document points out. The social and economic pressures in the peripheral ring "are as acute as those in the outer ring" and staff shortages "are as bad as in the immediate London area". For these reasons, the Whitley Council Staff Side "is insistent that an attempt should be made to ease this burden in the area of 22 miles outside Charing Cross, but to include any local government district touched by the radius".

For the peripheral allowance, £100 is claimed for housing and £50 for other costs — both "little or no difference from outer London" — and £73 tax, making £223. Travel is said not to be a material factor in the area.

In a letter to Guild Branch secretaries and council members, Mr J. Mercer, divisional officer of the Association of Scientific, Technical and Managerial Staffs, points out that negotiations can be long and tedious, but the official side of the health service "are slowly realising

that their employees can be as determined as industrial workers' in seeing through to the end claims which they feel just and proper. He urges Guild members to become involved in local trade union committees so that they would be aware of each other's claims, struggles, and disputes: "They may need your support sometime and you may need their support sometime."

Mr Mercer outlines other things requiring rectification: Noel Hall problems, stand-by overtime, teaching allowances, regional problems, staffing, career progression, hours, lecture fees, etc. "None of these will be shelved, but priorities must be established and the first thing I want to remedy is to bring your salaries into line," he adds.

Scottish oxygen therapy: revised rates announced

Revised rates for oxygen therapy service in Scotland have been announced by the Scottish Home and Health Department. Effective May 1 this year, the new rates are as follows:—

Hire rentals: (i) An annual payment of £6.24 in respect of each lightweight single unit set specification 01 held by the chemist and authorised by the Board. This will be payable at £0.52 per month.

(ii) An annual payment of £1.20 per stand held by the chemist and authorised by the Health Board. This will be payable at £0.10 per month.

Fees: (a) £5.11 per set prescribed. (Two "Edinburgh" masks, specifications 02B (ii)a and, unless the prescriber indicates that one is not required, a stand for the oxygen cylinder, are to be supplied with each set loaned to a patient).

(b) £0.57 per cylinder prescribed.

(c) £0.03 per mask prescribed separately.

Oncost: An oncost allowance of 10 per cent of the current cost of each cylinder or additional mask supplied.

Delivery allowances: Delivery of set and cylinders or of replacement set per return journey: Up to and including 5 miles each way £1.45; 5-10 miles each way £2.64; 10-15 miles £3.84; 15-20 miles £5.03; for higher mileages £0.12 per mile (£0.24 per return mile).

For delivery of cylinders (when not in conjunction with a set); collection of set and cylinders at end of treatment; second journey to collect set and cylinders at end of treatment when first journey was ineffective: per return journey up to 5 miles each way £0.71; 5-10 miles £1.85; 10-15 miles £3.04; 15-20 miles £4.24; higher mileage £0.11 per mile (£0.22 per return mile).

Urgent fees and allowances: (i) Between the time the premises close for dispensing and midnight and between 9 am and midnight on Sundays and Public Holidays, if the prescription is endorsed "urgent" by the prescriber: £1.15 not delivered, £1.70 if delivered by the chemist to the patient's home.

(ii) Between midnight and the time the premises open for dispensing or 9 am on Sundays and Public Holidays, if the prescription is endorsed "urgent" by the prescriber or endorsed "Dispensed urgently at . . . am (date)" by the chemist and signed by the patient (or his representative): £2.30 not delivered, £3.40 if delivered to the patient's home.

Security cabinets: October deadline extended

Because many chemists' orders for the approved security cabinets for drugs will not have been delivered and installed by the operative date — October 1 — the Home Office has agreed to an extension of the deadline. The new date, given in SI 1974: No. 1449, is April 1, 1975.

The National Pharmaceutical Union say that deliveries to those who have ordered through them "are improving daily and most members will receive their requirements by late autumn."

Pharmacies to sell FPA contraceptives

The Family Planning Association is to launch from Monday its "own brand" contraceptives through pharmacies in Oxford and Berkshire, supported by advertising in six local newspapers. A country-wide launch with national newspaper advertising is to follow later. The launch is to be confined to pharmacies, at least initially, and a small test market has already been undertaken in the Oxford and Berkshire area.

The Association says that it wishes "to encourage more people to buy over the counter in the reassuring environment of the local chemist", particularly in view of the lengthy clinic waiting lists which have occurred since the advent of the NHS family planning service in April — the Association's clinics are said to have experienced a 20 per cent increase

in patient throughput which in many areas means waiting lists of up to 13 weeks. Clinic sales of FPA's contraceptives — Forget-me-not, a lubricated condom, and Two's Company, a twin pack of spermicide and condom — are said to have risen to five times that budgeted for.

Under the present NHS conditions, a consultation with a doctor is required before supplies can be obtained, but the Association feels there will always be a section of the population who would prefer to obtain supplies from the local pharmacy. It is for that section that FPA now hope to cater. The association's marketing company, Family Planning Sales Ltd, 27 Mortimer Street, London W1, have produced a new counter tray for pharmacies to display the FPA contraceptives (see p 357).

NEW SEPTRIN PRESENTATION



When patients with chest or urinary tract infections have difficulty in swallowing tablets, there is a problem. SEPTRIN* Dispersible Tablets have been introduced to meet this need.

SEPTRIN Dispersible Tablets combine the advantages of a suspension with the portability of a tablet. Just add a little water. (The tablets can also be swallowed whole).

SEPTRIN Dispersible Tablets each contain 80mg trimethoprim and 400mg sulphamethoxazole. Also available, SEPTRIN Tablets, Adult Suspension, Paediatric Suspension and Paediatric Tablets. Full prescribing information is available on request.

*Trade Mark.

Wellcome Medical Division,
The Wellcome Foundation Ltd.,
Berkhamsted, Herts.



Wellcome

Septtrin Dispersible Tablets

Better pay rather than mobile pharmacies

Pharmacists would rather see Mrs Castle spend £22m a year in increasing their salaries than by putting them on wheels.

That view was put forward in an article, "The disappearing shop", in last week's *The Lancet*. The author was discussing Mr Neil Kinnock MP's proposals to introduce "travelling chemists" in Monmouthshire because of the increasing closure of pharmacies in the area (*C&D*, August 17, p208).

The author, a journalist, said "you'd probably have to rewrite the law" to legalise mobile pharmacies and there is also a risk of hijack. He said pharmacists have been warning for years that if the public uses pharmacies simply for prescriptions while going elsewhere for all the other goods the pharmacist sells, then the pharmacist will go out of business. "So if the public mourns the loss of the chemist's shop, it has (they say) its own shopping habits to blame."

Putting much of the blame on inadequate remuneration, the author continued: "The Government could also consider special grants and subsidies to help chemists set up and survive in areas where there cannot be any great hope of doing so on ordinary commercial considerations."

He also suggested extending part-time dispensing so that pharmacists spend part of each day in each of a group of villages.

News in brief

□ The Spencer's Patent Magnetic purifying filter offered at Sotheby's Belgravia auction rooms on September 5 (see *C&D*, September 7, p 312) was sold for £320.

□ The Pharmaceutical Press, 17 Bloomsbury Square, London WC1A 2NN, has published the first edition of a successor to its Poisons and TSA Guide. Titled "Restricted Medicines and Poisons" (pp189, £1.50 post free), it lists the current supply restrictions on some 7,000 products and chemicals.

□ An Exeter doctor, in a letter abstracted in a recent *British Medical Journal*, states that he had been consulted by a young man who appeared to be dependent on two or more bottles of Phensedyl a day. The patient told the doctor that it was not easy to obtain without a prescription in the cities but that "in small towns and villages local chemists would readily supply bottles without prescription".

□ A South African pharmaceutical manufacturer, writing to the *British Medical Journal*, on the risk of accidental injection of concentrated solutions of potassium chloride, suggested that an extra safeguard he had found effective and economical was a thin, gummed label, bearing the words "to be diluted" in red capital letters, for fixing to one side of the ampoule below the shoulder, carried over the tip, and down the other side. "It would be fairly easy for hospital pharmacists to affix such labels before issuing ampoules of concentrates to theatres or wards," he added.

Topical reflections

BY XRAYSER

Direct control

I was much impressed by a statement of Dr W. S. Apple (executive director, American Pharmaceutical Association) in the course of his instructive address to the Conference at Nottingham. It came in the closing sentence when he said: "The one impression I hope to leave with you is that the profession of pharmacy in the United States has finally come to recognise that its future, if not its very survival, depends on the willingness of American pharmacists to stand on their own feet." He also said that a standing criticism of the use of corporations in business was that it caused such business to be owned by people who did not know anything about it.

Nottingham, as you remark in your editorial Comment, may have seemed a curious city to which to put over the message that the American profession is making headway against the company-owned chains, but what has become more and more evident in this country in recent years is the mushrooming, from small beginnings, of a number of concerns which soon begin to take on the characteristics of their progenitors.

But it is not only the "chain" which inhibits British pharmacy and the manner in which it stands. The number of companies in which the invested capital is almost wholly from outside and in which the pharmacist is just the industrious mechanic, though titular pharmaceutical superintendent, continues to grow. The real owner meets the description of Dr Apple, for the business is owned by people who do not know anything about it.

The position is, of course, perfectly legal and only fresh legislation could alter it. Yet it must seem that if, in a land of such freedom as the United States, legislation could be enacted to restore the authority of the pharmacist professionally in the execution of his duties, the time may come when an attempt will be made to challenge our existing legislation.

It surprised me that so little notice was taken by the Conference of such a really important matter and that, in the discussion, only Dr D. H. Maddock took any notice of what Dr Apple had said. Dr Maddock said that if similar legislation were enacted in Britain it would mean that multiple pharmacies would no longer be allowed, but he did not indicate whether as a member of the Pharmaceutical Society's Council he would work to that end. Dr Apple's reply was to the effect that all that the American Pharmaceutical Association was attempting to do was to remove the profession of pharmacy from the direct control of non-professional people. That seems to be a good starting point for the Council of our own Society, and it will have made Dr Apple's journey worthwhile if he stimulates action in that direction.

Abundance

In opening the proceedings at Nottingham, Mr C. C. B. Stevens (president, Pharmaceutical Society) referred to savings which would be effected by the issue of triplicate prescriptions, thus ensuring that smaller quantities of medicines would get into the hands — and the homes — of the public. The same objective appears in the newly-published report by the W.H.O. Expert Committee on Drug Dependence which states that physicians' prescriptions for dependence-producing drugs should be limited in amount, duration of validity and number of refills. The report goes on to say "the accumulation of large quantities of dependence-producing drugs by individuals creates an increased risk of diversion for non-medical use."

The evil has been with us for a very long time and has been recognised to be an evil. Many expert committees have drawn attention to it and nothing has been done. I recently dispensed a prescription for a hypnotic which should ensure nightly slumber until the chestnut buds are bursting into leaf.

Trade News

Children's Foods launched through Boots

Nestlé Co Ltd, St George's House, Croydon, Surrey is introducing a new range of foods for pre-school age children this month. The range, Growing Up Foods, will be sold through 1,400 branches of Boots for the first two years.

Growing Up foods have been developed to help mothers provide a properly balanced diet for young children. Each of the twelve products in the range carries a guarantee of nutritional content and complete nutritional labelling, plus open dating.

Nestlé companies in five European countries have been concerned in the project. The Boots organisation has also been closely involved in the development programme in the UK. There are three breakfast cereals, two malted milk drinks, nut flavoured biscuits in different shapes, five smooth, mild flavoured soups, and a savoury sugar-free spread.

Andrexx promotion

Bowater Scott Corporation Ltd, Bowater House, Knightsbridge, London SW1, are currently featuring Andrexx in a national television campaign worth £200,000. The campaign, which is to last 12 weeks, features a new commercial entitled "baby army" which emphasises "Andrexx superior softness and strength characteristics", and illustrates Andrexx length as a value-for-money factor.

L'Oreal update packaging

New packaging for the Recital range has been introduced by L'Oreal, Golden Ltd, 18 Bruton Street, London W1. The packs are slimmer, and feature pictures of women with "soft, feminine hair styles" on the front and side panels, so that visual impact may be achieved whether the packs are displayed upright or lying flat. The ruby colour of the packs has been retained, but there is an up-dated logo on the packs, and more use is made of white. There are also re-designed shade charts. To support the new packs, L'Oreal plan a consumer advertising campaign to run from September through to December.

Range extended

Guerlain Ltd, 22 Aintree Road, Perivale, Middlesex, have extended their L'Heure Bleue range to include a perfume spray (£5.40) and refill (£3.85); eau de toilette spray (£5.95) and refill (£4.25); dusting powder (£3.95), bath oil (£1.75) and deodorant spray (£2.30).

Three-in-one Christmas pack

Eugene Ltd, Ashetree Works, Kingston Road, Leatherhead, have introduced a three-in-one Christmas pack consisting of Eugene's 10 day set, oil of orange shampoo, and Finesse, a cream hair conditioner. The pack (£0.78) is brightly



packaged in brown and yellow with a polythene "window". Individual 120cc sizes of oil of orange shampoo, the 10 day set and Finesse will be available to the consumer in January. Advertisements featuring the products will appear in the national dailies next year to support the launch into the consumer market.

Winter advertising

National advertising this winter for Cab-drivers by Ford Jackson & Co (Sales) Ltd, 129 Church Street, Castleford, Yorks, will include the *Daily Mirror*, *The Sun*, *News of the World*, and *Woman & Home*, *Woman*, *Woman's Own* magazines.

Autumn colours

Max Factor Ltd, 16 Old Bond Street, London W1X 4BP, have added three "autumn" shades to their Shadow-On automatic eye crayon range. The colours are smokey charcoal, a frosted grey-black; smokey marine, a deep shiny turquoise; and smokey lime, a soft lime green.

Bricanyl inhaler design

Astra Chemicals Ltd, PO Box 17, King George's Avenue, Watford, Herts, introduce a new design of Bricanyl inhaler. The company emphasises that the aerosol itself remains unchanged. Only the plastic actuator has been restyled to improve patient acceptance.

More television coverage

Cow & Gate Ltd, Guildford, Surrey, will be featuring their babymilk and baby-meal ranges on television throughout September and October. The commercials will appear in most of the television areas.

Return stocks

Dales Pharmaceutical Ltd, Barrows Lane, Steeton, Keighley, Yorks BD20 6PP, request pharmacists to return to them any stocks they may hold of Cortiphenol ear drops, batch no MA 3160, for full credit.

Free tape measure

A free tape measure with every 500 pack of Sweetex is the latest promotion by Crookes Anestan Ltd, 1 Thane Road West, Nottingham NG2 3AA. The offer is available through the company's representatives, and is featured on blister cards which come in display outers of 12 or plain outers of 24.

New flavours

Chap-Stick lip balm now comes in cherry and mint flavour varieties, in addition to the regular Chap-Stick. Display units

holding 12 of each new flavour are available and there are bonus terms offered. A. H. Robins Co Ltd, Redklyn Way, Horsham, Sussex RH13 5QP, are featuring the product in the national Press, teenage magazines and the London Underground during autumn and winter.

Sold out

Duphar Laboratories Ltd, Gaters Hill, West End, Southampton SO3 3JD, announce that all of this year's production of Influvac nasal spray has been sold and no further stocks will be available this year.

Potter's catarrh pastilles

Drought conditions in Africa have had their effect on the supply and colour of gum acacia say Potter & Clarke Ltd, 9 Wellesley Road, Croydon CR9 3LP. This has resulted in some batches of Potter's catarrh pastilles being darker than normal. Despite the present difficulties the company confirms that all gum acacia used is of B.P. standard and the flavour and medicinal properties of the pastilles are in no way affected.

Fastidia campaign

An advertising campaign for Fastidia mini-pads by Lilia White (Sales) Ltd, Charford Mills, Birmingham 8, is to break in October. The campaign will feature advertisements in *Over 21*, *Honey*, *Cosmopolitan*, *She* and *Woman* and will last until the end of December.

H 11 supplies

If there are difficulties in obtaining supplies of H 11 from wholesalers, because of postal delays, the makers, Standard Laboratories Ltd, Windmill Road, Sunbury-on-Thames, Middlesex, state that all 'phone orders to them (Sunbury-on-Thames 82117) will be despatched the same day, by free first class mail.

More approved appliances

The British Electrotechnical Approvals Board for household equipment have approved the following electric blankets — Cozee Comfort LLDU and LLSU by Blarella Ltd; Concorde HXFQ, and HXHS by Boots Co Ltd; Concorde TJGR and TJHS, TWA 61, TWA 63 by Timothy Whites Ltd.

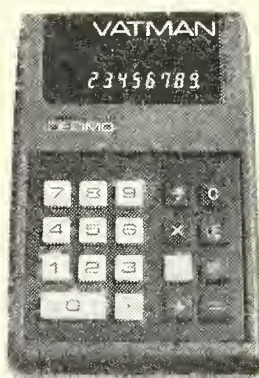
Continued on p 357





The man who comes to you with his headache has a bigger one at the office!

It's not just leading Chemists who have been quick to recognise that Executives, Accountants, Salesmen and Students, in fact 100% of office staff at one time or another use a chemist — for calculators it's a vast market — the profits are excellent — the service involvement nil — we see to that, and with the new unwieldy 8% VAT — try doing that without a calculator! Your customer does, that's why he needs you, not just for his cough, cold or headache but for his calculator!



USED BY MILLIONS THROUGHOUT THE WORLD, SUCH AS:— I.C.I., Beecham's, Smith & Nephew, Honeywell's, Oxford University, Greater London Council, National Westminster Bank, Laporte Industries, Dupont (UK) Ltd., and people from all walks of life.

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SURE SHIELD
IODISED
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SURE SHIELD
IODISED
THROAT LOZENGES



Thos. Guest & Co. Ltd.

Carruthers Street, Manchester M4 7HX
Telephone: 061 205 2975

Trade news

Continued from p 355

New Airwick packaging

Jeyes UK Ltd, Brunel Way, Thetford, Norfolk, have repackaged Airwick Liquid in a glass bottle. The bottle has a newly designed label to give the product "greater consumer appeal."

Lasting Care national launch

Following an area launch, Elida Gibbs Ltd, PO Box 1DY, Portman Square, London W1A 1DY, are to launch Pears Lasting Care hand cream nationally in November. The hand cream comes in two sizes — £0.23½, £0.34½ — and is said to be readily absorbed and non-greasy, giving lasting protection. The product is packed in polythene bottles and there is an attractive counter unit containing six standard size and three large size bottles. The national launch will be supported by a television campaign featuring a 30-second colour commercial that uses the analogy of the moisture in a flower and that in a woman's hands.

Bone scanning kit

A bone scanning kit from The Radiochemical Centre, Amersham, provides a means of preparing a technetium-99m labelled bone-seeking agent for intravenous injection, using the eluate from a sterile generator. The active ingredient, a complex of technetium-99m with a monofluorophosphate / stannous fluoride mixture, concentrates in the skeleton, with uptake greatest in areas of osteogenic activity. Applications include detection of bone metastases and lesions in osteomyelitis. Expiry date is 6 weeks after despatch (5 units, £12.50).

Proctological pack changes

A new 12 suppository pack (£0.52 trade) of Scheriproct will be available from Schering Chemicals Ltd, Burgess Hill, Sussex from October 1. This will replace the 6 and 120 suppository packs which are to be discontinued from September 30. Scheriproct will still be available in 10g tubes of ointment.

The 24 suppository pack of Ultraproct will be discontinued from September 30 and Ultraproct will be presented in 12 suppository packs, 10g and 30g tubes of ointment and in combi-pack from that date.

25p saving on Bic Porous pens

Biro Bic Ltd, Whitby Avenue, Park Royal, London NW10 7SG, are offering two Bic Porous pens for 75p, a saving of 25p for the consumer, until the end of September. The pens are sold at a trade price of £4.56 for 200 (instead of £6.08) and the retailer receives the usual trade discount.

Variant for soft hair

Elida-Gibbs Ltd, PO Box 1DY, Portman Square, London W1A 1DY, have introduced a new variant for soft hair to their Harmony hairspray range. The hairspray, which comes in the same four sizes as the existing variants, is said to control soft hair without changing its appearance or



The counter unit available to pharmacies in Oxford and Berks from the Family Planning Association (see p 352)

feel, and the makers are to spend £100,000 on a television commercial to introduce the hairspray. An introductory bonus offer is available.

More fragrances from Coty

Two additions have been made to the Sweet Earth fragrance range by Coty Ltd, Great West Road, Brentford, Middlesex. They are, Sweet Earth Grasses, consisting of clover, gingergrass and hay fragrances, and Sweet Earth Rare Flowers, consisting of jasmine, tuberose, and mimosa. The fragrances are presented in a slim, taper-edged compact (£1.23).

Maxi-Dri goes national

After a successful test launch in the London television area, Kimberly-Clark Ltd, Larkfield, Maidstone, Kent, are to launch their Maxi-Dri household towels nationally. To support the launch they plan to spend over £200,000 on television advertising during the year, £100,000 of which will be spent in the first five weeks of the launch. The television advertising

will be backed by a consumer offer of 5p off the next purchase — the coupon is on-pack. There is also a range of display material including shelfmarkers, price cards and brand discs.

Care national promotion

The Independent Chemists Marketing Ltd, London N14 6JN, are running a national promotion September 16-28 on the following products: Radox, Bristows shampoo, Pearl Drops, Wellaspray, Cool. The promotion will be backed by advertising in the national Press including the *Daily Mirror*, *Daily Express*, *Glasgow Daily Record* and the *Belfast Telegraph*.

Bonus offers

Ford Jackson & Co (Sales) Ltd, 129 Church Street, Castleford, Yorks, Cab-drivers linctus. 12 invoiced as 11 (until October 5).

on TV next week

Ln — London; M — Midland; Lc — Lancashire; Y — Yorkshire; Sc — Scotland; WW — Wales and West; So — South; NE — North-east; A — Anglia; U — Ulster; We — Westward; B — Border; G — Grampian; E — Eireann; CI — Channel Islands.

Adorn: M, Lc

Airwick Solid: Ln, M, So

Andrex: All areas

Aquafresh: All areas

Cow & Gate baby meals: M, Lc, Y, Sc, WW, NE, A, We, B, G

Cow & Gate Babymilks: All except E, CI

Oil of Ulay: Y, NE

Right Guard: All areas

Silvikrin hairspray: All areas

Silvikrin shampoo: All areas

Sure: All areas

Three Wishes foam bath: Sc

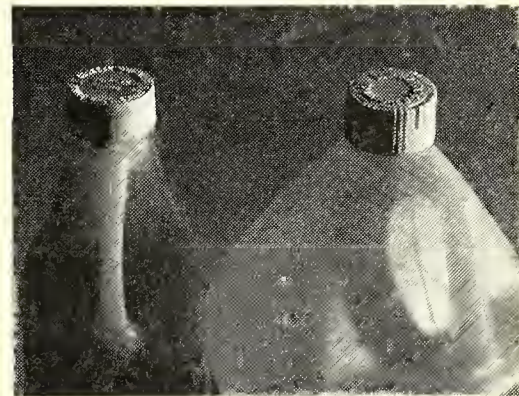
Two more child-resistant closures from the USA

Johnsen & Jorgensen (Holdings) Ltd, Herringham Road, London SE7, are putting two new child-resistant closures on the market. The Easy-lok and Squeeze-lok Childguard closures will be available for testing from October 1.

The closures are already in use in the USA but are at present only available to manufacturers in the UK. The company says distribution may be extended to pharmacists later.

Squeeze-lok and Easy-lok are said to be unaffected by top loading, so can be stacked for handling and storage in the same way as packs with ordinary closures. Repeated use is said not to affect their efficiency. Both can be used on existing filling and capping lines without machinery modifications.

Easy-lok is a two-piece closure, suitable for use with standard screw threads on glass, plastic or metal containers, for liquid or dry products. The tab on one side of the outer cap is pressed firmly while the closure is unscrewed. The cap



is replaced by spinning on in the conventional manner.

Squeeze-lok is a one-piece, liquid-tight closure, with special locking lugs. It can be used on glass or plastic containers, with a modified neck ring. The knurled areas on the cap skirt are squeezed during initial loosening of the cap. Squeeze-lok is replaced by screwing on until the lugs ride over the safety stops.

New products

Cosmetics and toiletries

Winkies from Rubinstein

Helena Rubinstein have introduced a range of powder eyeshadows in compacts "as small as a lipstick". Called Winkies (£0.60), the compacts contain an applicator for applying the shadow which "snaps back" to become the lid of the compact. The range consists of six colours, and there is a frosted variation — Winkie Dazzlers (Helena Rubinstein Ltd, 31 Davies Street, London W1Y 1FN).

California range additions

Three products have been introduced into the California range by Max Factor. Tri-Colour eye shadows (£0.44), are creamy eye shadow palettes presented in a circular compact with a bright yellow base and transparent lid. The colour combinations include two colour-co-ordinated shades and a delicate highlight.

California nail colours (£0.37) have three glittering, metallic colours added — gold glitter, bronze glitter and silver glitter; and three iridescent colours.

And there are four new California lip-

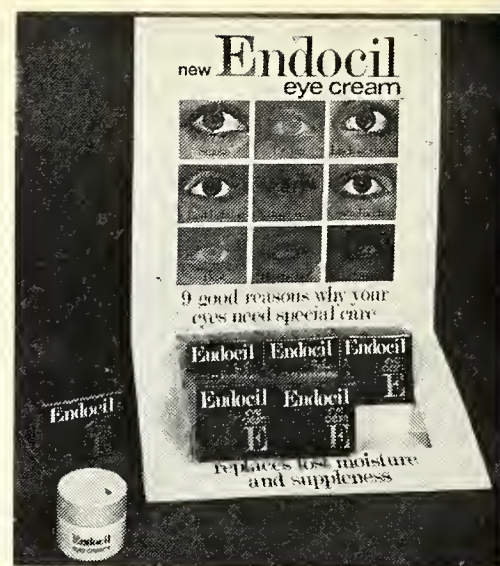
sticks (£0.44) in a re-designed lipstick case. The case is now a bold bright California yellow, decorated with a swirl of orange. The four colours are bright and iridescent (Max Factor Ltd, 16 Old Bond Street, London W1X 4BP).

Eye cream from Endocil

Endocil have extended their range of skin care products to include an eye cream (£0.89). Designed to prevent dryness and wrinkles from forming in the skin around the eyes, the cream is said to be easily absorbed, smoothing and firming the skin making it more supple. To support the launch the makers are planning a consumer advertising campaign. Full-page colour advertisements will appear in such leading women's magazines as *Beauty in Vogue*, *Woman and Home*, *Woman's Own*, *Woman* and *Woman's Weekly*. The advertisements draw attention to the many factors that produce lines under the eyes — smoke, removing make-up, dust — and promises that the benefits of using the cream will be noticeable after only three weeks use. The makers also offer a bonus of seven for six, 15 for 12 during the launch period (Chefaro Proprietaries Ltd, Crown House, London Road, Morden, Surrey).

Rouge Baiser additions

Two products have been introduced to the Rouge Baiser range of cosmetics. They are, a jumbo-size automatic mascara (£0.65) in a choice of three colours — black brown, blue; and a four-colour



eye shadow compact (£0.89) available in two ranges — pastel consisting of green, pink, blue and turquoise; and "rainbow" with brown, white, smokey grey and moss green (Cardinelli Beauty Products Ltd, 1 Canal Walk, London N1 5SA).

Electrical

Addition to Ronson range

Ronson have added the RS 26 mains electric shaver to their range. The shaver (£10.50) has a stainless steel shaving system and a "micro thin foil with a hexagonal hole configuration" said to give a smoother and faster shave. It is fitted with a dual voltage switch which makes it suitable for use abroad (Ronson Products Ltd, Leatherhead, Surrey).

Prescription specialities

RIFINAH 150 and 300 tablets

Manufacturer Lepetit Pharmaceuticals Ltd, 33 Queen Street, Maidenhead, Berks SL6 1NB

Description Rifinah 150 — cyclamen, round, biconvex tablet containing 150mg rifampicin, 100mg isoniazid. Rifinah 300 — orange capsule-shaped tablet containing 300mg rifampicin, 150mg isoniazid

Indications All forms of tuberculosis

Contraindications Jaundice. First trimester of pregnancy, only after careful consideration in second and third trimester

Dosage To be taken before meals as single daily dose. Adults — 2 Rifinah 300 or 3 Rifinah 150mg. The choice of 600mg or 450mg rifampicin should be based on schedule of 8-12mg/kg bodyweight. Doses towards lower end of range recommended for frail and elderly patients. Maximum 8mg/kg bodyweight in impaired liver function. Drug proportions unsuitable for children

Precautions Should only be given in impaired liver function in cases of necessity, when careful monitoring of liver function recommended. Care in elderly or malnourished patients. May decrease prothrombin time of patients taking anti-

coagulants. If PAS and Rifinah 300 or 150 are both included, they should be given not less than 8 hours apart to ensure satisfactory blood levels. May reduce effectiveness of oral contraceptives. May produce reddish colouration of urine, sputum and tears

Side effects As for rifampicin and isoniazid

Storage In dry place below 25°C. Shelf life 2 years. Dispense in amber glass bottles or plastic containers

Packs Rifinah 300 — 100 tablets (£31.29 trade), Rifinah 150 — 100 (£15.77)

Supply restrictions PI, TSA

Issued September 1974

RIMACTAZID 150 and 300 tablets

Manufacturer CIBA Laboratories, Horsham, West Sussex

Description 150 — pink, round, bi-convex, sugar-coated tablet marked EI on one side with maker's name on reverse, each containing 150mg rifampicin, 100mg isoniazid

300 — orange, capsule-shaped, bi-convex, sugar-coated tablet marked DH on one side with maker's name on reverse, each containing 300mg rifampicin, 150mg isoniazid

Indications Tuberculosis and certain mycobacterial infections. Also effective in primary or secondary resistance to other anti-tuberculosis drugs

Contraindications Pregnancy. Psychotic states characterised by mania, hypomania

Dosage Patients of 50kg bodyweight and over — 2 tablets Rimactazid 300 daily. Patients under 50kg — 3 tablets Rimac-

tazid 150mg daily. Should be given as a single dose, preferably on an empty stomach, if possible 30 minutes before breakfast

Precautions Patients with impaired liver function, jaundice or biliary tract obstruction should be treated with caution and liver function monitored. Patients receiving anti-coagulants may need the dosage of anti-coagulant increased. Care in convulsive disorders, chronic alcoholism or impaired kidney function. In prolonged treatment the contraceptive activity of oral contraceptives may be impaired. Imparts an orange-red colour to urine

Side effects As for rifampicin and isoniazid

Storage Protect from heat and moisture. Shelf life 2 years

Packs Securitainers of 100 — Rimactazid 150 tablets (£15.77 trade); Rimactazid 300 tablets (£31.29, trade)

Supply restrictions PI, TSA

Issued September 1974

Bactrim adult tablets

Roche Products Ltd, Welwyn Garden City, Herts, recently announced that the existing Bactrim tablet was to be replaced by a new tablet which disperses in water (C&D, August 31, p 291). The new tablet is round, pale yellow with "ROCHE" in a hexagon imprinted on one side, a break bar on the other, and contains trimethoprim 80mg, sulphamethoxazole 400mg (100, £4.40 trade; 500, £20.00). The availability of Drapsules and other Bactrim presentations is not affected.



Trade Winds—the new after-shave that will chart big sales for you this Christmas

Glamorous full-colour advertising will soon make sure that Trade Winds is a familiar name throughout the country. Using magazines like VOGUE, SHE, WOMAN, COSMOPOLITAN and WOMAN'S OWN,

the news about Trade Winds will reach an estimated total readership of over 18,000,000 women in the higher income brackets – the public which is responsible for buying more than 70% of male toiletries.

Trade Winds offers a new, masculine aroma – blended from 54 ingredients: an exotic breath of the spice islands, a hint of ozone so you can almost hear the creak of the rigging.



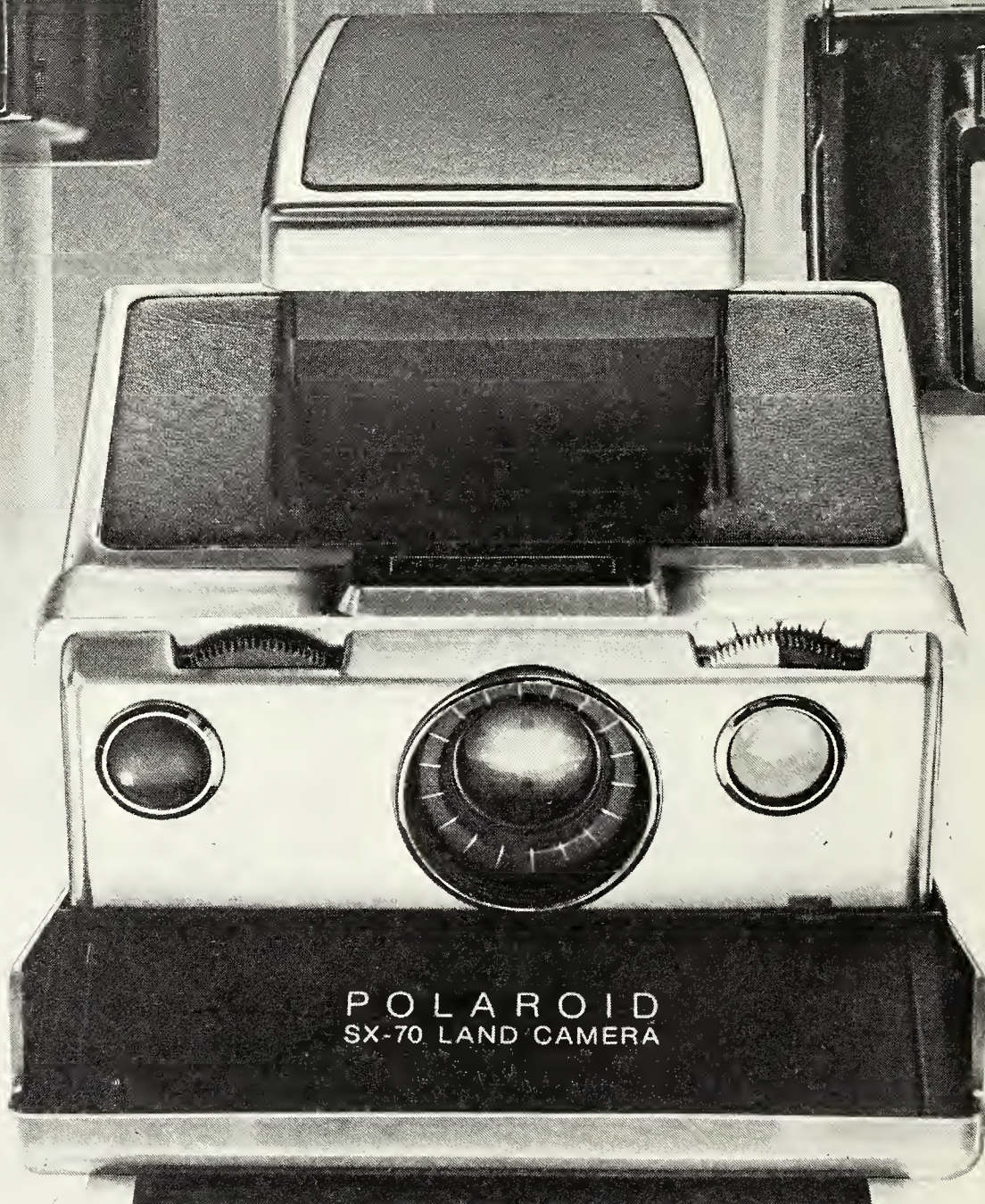
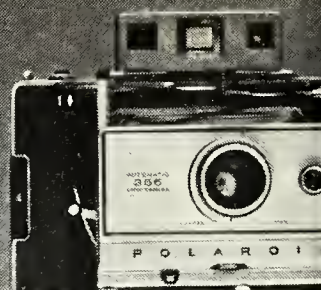
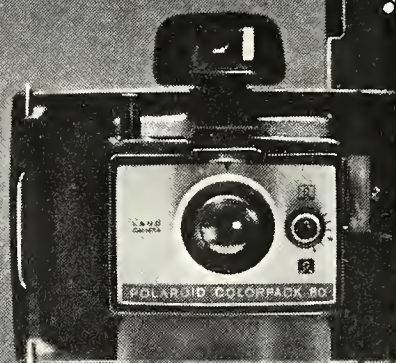
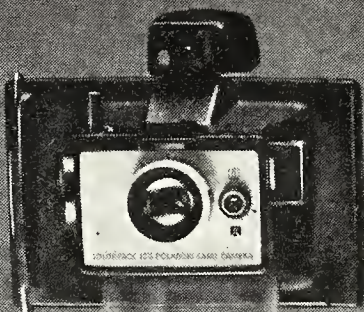
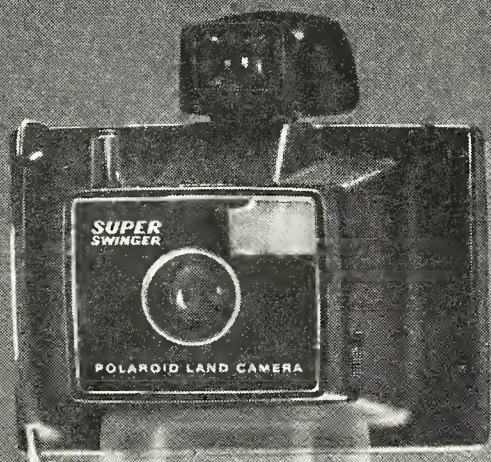
Dramatic point-of-sale display. This eye-catching display stand is available to stockists carrying Trade Winds After Shave and the handsomely packed complimentary talc.



ORDER NOW! And make sure of your supplies from:
Barclay Pharmaceuticals, Lakeside Laboratories, Rawdon, Leeds LS19 7YA.

Sole distributors in UK and Eire.

Trade Winds is a registered trade mark of Carlbrent Limited, England.





**Polaroid invites you to watch an
SX-70 performance at Photokina.**

**And some great 15, 30 and 60 second
performances from our other
instant cameras.**

If you're at Photokina, come along to the Polaroid stand and see the incredible SX-70. In just minutes, this revolutionary system gives you an incomparable colour photograph that develops itself outside the camera. You just focus, press the button and watch it happen.

And don't miss seeing the other instant picture cameras in the Polaroid range—from the simple-to-use Super Swinger to the sophisticated Model 190. All at Photokina.

**Polaroid
Instant Picture Cameras.**



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Dequadin
Dequadin
Dequadin
Dequadin



**The throat lozenge that's
asked for by name**

(and most widely-prescribed by doctors)

**Dequadin
Lozenges**

tubes of 20 and strip packs of 40.



Dequadin is a Trade Mark of
Allen & Hanburys Limited, London, E2 6LA.

MIGRAINE?

HOW YOU CAN HELP



Your customer (and millions³ like her) has regular attacks of migraine. She comes in for sympathy and common analgesics, which at best may only afford inadequate relief. Yet it's a problem **Migraleve** might very well solve.

Only a fraction of migraine sufferers have consulted a doctor for it. So how are they to know such a product as **Migraleve** exists, unless they learn it from you? (It is advertised only in medical journals) **Migraleve** is the **only** specifically anti-migrainous ethical preparation which can be counter-prescribed, and is backed by extensive British clinical trials which confirm¹² the effectiveness of non-ergotamine **Migraleve** in the treatment of migraine.



- considerably less vomiting than with ergotamine-based treatment¹.
- can be continued with safety for as long as necessary—therefore should be tried first¹.
- effective in 79% of migraine attacks—and preferred by 65% of ergotamine users².



References

1. Practitioner (1973) 211, 357
2. Medical Digest (1972) 17, 7
3. Latest published estimates of prevalence gives an average of 17% of all men and 27% of all women

Formulation

Migraleve Pink Tablets contain buclizine, paracetamol, and codeine.

Migraleve Yellow Tablets contain paracetamol and codeine.



Migraleve NON-ERGOTAMINE [®]

20% SALES GROWTH CONTINUES!

Can your stocks meet the increased demand?
Order on the next bonus mailing.

International Laboratories Ltd, Sunbury-on-Thames, Middx TW16 7HN

The pharmacist's role as link between doctor and patient

CONFERENCE
GENERAL PRACTICE
SESSION



The sensitive relationship between pharmacist and doctor adds to the pharmacist's "identity crisis," said Dr Peter Parish, Medical Sociology Research Centre, University College of Swansea, during the general practice professional session.

Instead of a relationship of equality between professionals, the pharmacist, in the dilemma of his dual role as trader and professional, often feels subordinate to the doctor, Dr Parish went on. The pharmacist may be reluctant to question a prescribing error for fear of irritating the doctor and consequently affecting his business. The pharmacist may be fully aware that a particular doctor's prescribing is often irresponsible and irrational but still has to maintain a professional and business relationship.

It will be difficult to base health teams around pharmacists if this kind of "paranoia" exists: pharmacists should never regard themselves as ancillaries to the medical profession but as equals.

Dr Parish criticised the growing incidence of repeat prescriptions, badly written prescriptions and those not written by the doctor at all. He claimed some doctors had inadequate knowledge of adverse drug effects, not realising that a new symptom may be the result of drug treatment rather than a disease state in itself.

Advisory role

In this respect pharmacists could play an important advisory role. They could also advise doctors on how long drugs should be given for various conditions. Prescribing by "number of days of treatment" rather than number of tablets could cut costs, he suggested.

The pharmacist is increasingly encouraged to give more advice to patients, but the system under which he operates directs him away from patient care although he holds a unique position as a link between patient and doctor.

Some pharmacists see patient involvement as being synonymous with professionalism, said Dr Parish, but statutory laws do little to help and NHS remuneration does not encourage him become less of a trader. Inflation, VAT, staff problems and long hours add to the problems of meeting statutory requirements which imprison him in the "back" of his shop while most income comes from the "front". "Success and reward are more related to his role as a trader rather than to his role as a professional. Yet even the successful pharmacist businessman sometimes cannot 'enjoy' his wealth because his freedom is limited by his professional responsibilities," added Dr Parish.

The location of pharmacies is dictated more by the commercial expediencies of trade than by the need of professional

services to the public, leading to a deterioration in services particularly in rural and development areas, he said.

Movement of doctors to health centres had put some pharmacists out of business and escalating costs had driven them off the high street. Such factors have taken the pharmacist as a professional adviser away from "his" community.

The speaker saw a possible solution in clinical pharmacy. In the USA, patient-orientated services go beyond the dispensing of the prescription order and the pharmacist's professional role is extended to ensure the safe and appropriate use of drugs by doctors, patients and others.

Schools of pharmacy are modifying their courses to include training within clinical treatment situations. Some of the "old" subjects like pharmacognosy are being drastically reduced. Pharmacy students are graduating with increased awareness of the part they can play in patient care and taking on an educational role amongst patients, para-medicals and medicals.

Ward pharmacy in the UK, however, is perhaps a distributive function which some consider "merely an attempt to get the pharmacist involved in the clinical situation." The aim of ward pharmacy is to reduce medication error, with the establishment of pharmacy information services and participation in doctors' ward rounds, but clinical pharmacy has a wider basis in patient involvement.

"The majority of schools of pharmacy in the UK do not consider patient contact as part of their undergraduate training. As one student said to me 'I spend more time learning how to make a wax suppository than I do in talking to patients.'"

Education in clinical pharmacy should help to bridge the gap caused by the lack of a common language between patient, doctor and the pharmacist. The Pharmaceutical Society could also help, said Dr Parish, by publicising their members' skills and projecting the pharmacist not as a rival to the general practitioner, but as an equal with shared interests in relieving suffering and maintaining health.

Danger of hierarchy

Dr Parish pointed out that one danger of clinical pharmacy as practised in the USA could be the creation of a group of "super-professionals," dividing the profession rather than uniting it. "The future must lie in clinical pharmacy as a method of learning and practising pharmacy," but not in the formation of a separate hierarchy.

He concluded that pharmacy as a profession is over-educated in the laboratory and underutilised in health care. It appeared to be in search of a new role and status without having identified its present role. "Subjective opinions are no substitute for objective assessment and pharmacy has

not helped itself by its lack of research into the problems which now face it."

During the discussion, Dr Parish said that ideally pharmacists, nurses and doctors should combine, say, in the first year of their training, an arrangement which would create a mutual respect "not by revolution but by slow evolution".

Mr P. E. Taylor, North Staffs, said that in opposing doctor dispensing we maintain that doctors should prescribe and pharmacists dispense: he asked whether pharmacists would take on a similar double role by becoming clinically orientated. Dr Parish said he would like to see more self-treatment. The general practitioner is consulted on only 1 in 4 symptoms so the pharmacist should be trained in patient-orientated medicine to improve the standards of self-medication.

This service could be extended by the pharmacist giving out educational material, for example, when he sold an OTC preparation for athlete's foot he could also hand out a leaflet on self-treatment of the complaint.

Professor P. S. J. Spencer, Welsh School of Pharmacy, suggested an advertising campaign directed at doctors, with pamphlets, "Know and use your pharmacist", distributed once or twice a year.

Mrs L. J. Stone, Monmouth and Newport, said pharmacists in the community are the best public relations officers we can have and until they themselves accept that they are equal to other members of the health team no one else will.

Award standard not reached

Reporting that no science award is to be made this year, Mr C. A. Johnson, chairman of the science committee, told the science group on Tuesday that a number of entries had been given serious consideration by expert referees and by the committee, but account had been taken of the remarks made when the award was initiated in 1971 — "We are not interested in good applicants, only excellent applicants."

The meeting put forward differing views on the future of the science sessions, particularly in regard to the high numbers of communications and the short time allocated to discussion of each. The majority view, which will be taken into account by the committee, supported a rigid timetable so that participants could move between concurrent meetings, an extension to 20 minutes for each paper, no restriction on the number of communications, and negotiations with Conference organisers for an extra day for science contributions.

Quality cannot depend upon a pharmacist's 'infallibility'

An attack on pharmacists who seem to depend upon some form of "infallibility" in carrying out their manufacturing control functions, was made at the joint hospital-industry professional session on Wednesday.

In the first of three papers on "The implications for hospital pharmacy departments of the Guide to Good Manufacturing Practice (the "orange guide"), Mr R. Baker, a member of the Medicines Inspectorate, warned that quality would not be achieved by chance. "There are too many opportunities for things to go wrong — most materials can be purchased in several different forms; many products can be made in different ways; tests can be made to work or fail depending upon the circumstances of their use.

Sources of error

"The achievement of quality has to be organised, and yet commonly this is not done: Buyers purchase materials without being told that a particular grade or physical form is required; there is confusion between different materials with similar names; operators are given inadequate instructions, or even no instructions, being left to pick up, or develop, a process as best they may; analytical procedures are applied uncritically, or are asked, and answer, questions having little or no bearing on product quality.

"Regrettably, there are pharmacists who rely on this haphazard chance. Indeed, in some cases they proceed in an even less reliable fashion, seeming to depend on some form of infallibility. On many occasions, procedures seem to be based on a reasoning such as: The pharmacist has been highly trained to carry out pharmaceutical manipulations; he is trained not to make mistakes; he has had professional integrity drummed into him from all sides; he is infallible.

"No doubt this conclusion will be rejected, on the reasonable grounds that pharmacists are no more infallible than other people. But such rejection does not alter the fact that we see many pharmacists who behave as though they are infallible — pharmacists check operators' actions, pharmacy technicians' weights and measures, laboratory assistants' calculations, and ensure that records are adequately compiled by others. But pharmacists do not check pharmacists, they do not subject themselves to check by any other person, and a pharmacist's signature at the bottom of a batch sheet or other record is not uncommonly given as a sufficient reason for processing details not being completed.

"Further than this, situations are found in which the mere presence of pharmaceutical expertise, somewhere in

the organisation, is held to be sufficient to ensure that other employees behave as though they, too, were possessed of similar standards of training, integrity and infallibility. Merely to state this should be sufficient to demonstrate the weakness of such situations.

"Whatever the strengths of a pharmacist's training, and however conscientious his application may be, it is not difficult to show that he alone cannot control the quality of products which he manufactures, though I believe that a situation can be imagined in which he once could."

Mr Baker went on to discuss cases in which things had gone wrong in the past — and the high price of putting them right, such as £15 a bottle to recover a batch of faulty eye drops and the examination of 120,000 prescriptions to trace 17,000 tablets in which quinine sulphate was used instead of quinidine sulphate.

The manufacturing process must be viewed as a chain, but to overlook the whole by concentrating on particularly weak points, was a failure to be avoided. On the question of responsibility for ensuring that the correct process was followed, Mr Baker argued that it did not lie with the individual worker. But writing clear instructions required an understanding of the process and personal experience of working the equipment, avoidance of jargon — and use of the imperative.

Leave it to Industry

Mr J. W. Stafford, production manager, Allen & Hanburys Ltd, suggested that on the grounds of economy alone, manufacture was best left to the pharmaceutical industry, except in the case of limited scale specialised activities. He reached that conclusion by considering the main implications of the orange guide for hospital manufacture.

First was that it presented a need to define what constitutes "manufacture" in hospitals. Mr Stafford argued that scale was not the criterion — it was diversification of activities (when one person does the weighing, another the compounding, etc) so that not only is the product not related to a specific patient, it is not related to a specific dispenser. The more people in this chain, the more problems arise and the greater the number of people required to deal with them.

Secondly, considerable expenditure seemed necessary to bring buildings, equipment and staff up to the standards required by the guide. Many hospital departments would need rebuilding, and many hospital pharmacists would lack experience in choice of equipment (and back-up for modification) yet might have to "make the best" of unsatisfactory items.

CONFERENCE HOSPITAL- INDUSTRY SESSION



However, it was the guide's sections on production procedures, documentation and records that would have the greatest impact, for this was where the most fundamental differences between dispensing and manufacture occurred. It was part of "quality assurance", because quality had to be built at all stages of manufacture, and could not be assured by checking a few samples against a laid-down specification.

Mr Stafford's third point was that if hospitals agreed to incur such expenditure, authority for implementation of plans must be in the hands of a body with sufficient experience to know what is required and a prime responsibility to ensure that such requirements are met. He did not believe existing bodies understood the problems.

The speaker concluded that there is no room for two sets of standards. "If hospitals undertake manufacture then they must at all times ensure that they are able to meet the increasingly stringent conditions with which industry has to contend."

An end to play

"We are not, as some defeatists suggest, being forced out of the manufacturing field altogether by the imposition of impossible standards, but we must stop playing at large-scale manufacturing and do the job properly or not at all." That hospital pharmacist's viewpoint was put by Miss H. C. Roberts, Clatterbridge Hospital.

Having outlined the poor conditions under which hospital production was sometimes carried out before the Devonport incident, she said that now it was necessary to comply with the orange guide, it would no longer be considered praiseworthy to struggle on in substandard premises. Noel Hall had given the opportunity for specialists to rise to principal pharmacist grading, and quality control should now become a main section of the pharmaceutical service, with its quota of staff who were not "borrowed" to provide holiday or lunch-time cover for the outpatient dispensary "in the belief that laboratory work is less important".

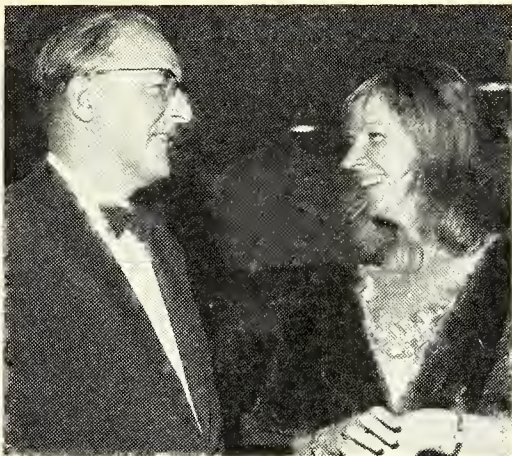
Miss Roberts believed the existence of the guide should help to by-pass protracted planning arguments about, for example, the need for quality control facilities in new departments.

Industry's failure

The number of detailed practical points raised during the discussion led Mr Stevens to sum up that the audience were "principally scientists and professional pharmacists, rather than tub-thumping politicians." It was not until the last

Continued on p 366

CONFERENCE CAMERA



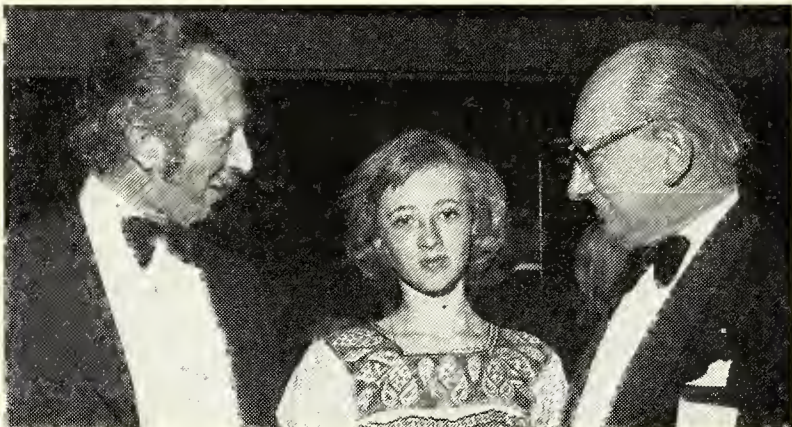
Mr D. F. Lewis, secretary and registrar, with Mrs Lewis



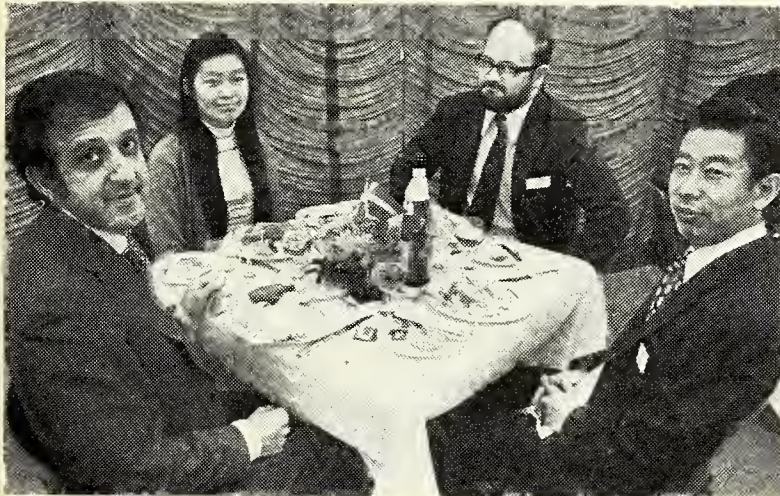
Mr B. W. Barry Portsmouth (left) and Prof I. Pitman USA attending the ball



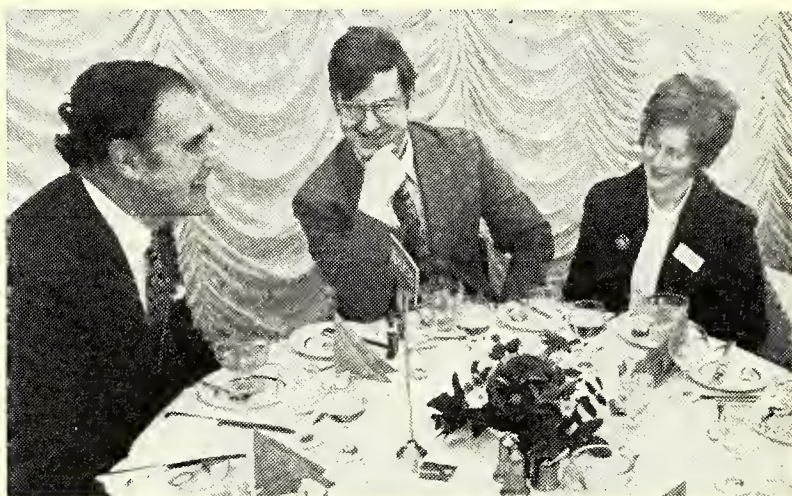
Attending the banquet left, Prof J. Crossland, Mrs and Prof J. C. Smith, and Mrs Crossland



Mr D. Sharpe and his daughter Caroline, with Mr H. Steinman, Society treasurer, at the Conference ball



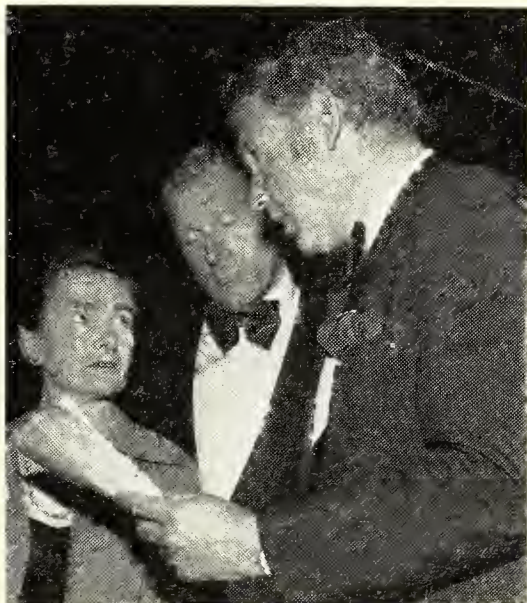
Left Mr M. Fischler Sweden, Miss F. M. Chang London, Mr M. J. Groves Reading and Dr R. Higuchi Osaka, Japan



Mr and Mrs D. J. Dalglish, Aberfeldy, join Mr J. Hann at the Boots Luncheon



From left, Mrs and Mr A. Howells Bexleyheath, Mr B. Jefferies and Mr L. M. Day Boots, Dr and Mrs D. H. Maddock Cardiff at the Boots Luncheon, Thursday



John Drapkin Notts right, with Mr J. E. Davies and Mrs M. L. Davies, London

Quality control

Continued from p 364

question that Mr Strafford's "gauntlet" was taken up when Mr J. Hadgraft, Anglia regional pharmacist, said that hospitals could not leave manufacture to the industry, because industry was not producing the preparations hospitals needed. Intravenous therapy would never have got off the ground had fluids not been manufactured in hospitals — industry only took them up when it became a profitable business, and the same principle applied to other things now being developed, not all of them simple.

Mr Strafford defended his position by repeating his concession that certain specialised forms of manufacture were necessary in hospitals; industry provided some items as a service, but it was in business. Miss Roberts, while not entering the argument on whether hospital manufacture was right, believed that many of the necessary back-up facilities (which Mr Strafford implied were only available in industry) existed in hospital works departments, electronics technicians, laboratory service, personnel training departments "if only they can be channelled in the right direction".

When Dr T. Bradley, Manchester, asked about responsibility for control of radiopharmaceuticals made in the medical physics department — should sterility or radiation hazards be the major consideration — Dr T. D. Whittet, chief pharmacist at the Department of Health, said that legal opinion suggested that if something went wrong with a product made without pharmaceutical advice, the physicist "would not have a leg to stand on".

One contributor was concerned that operators were being turned into "zombies" and that removal of all decisions from the working man was dangerous. Mr Strafford, agreeing that responsibility should not be removed, said it was necessary to narrow his area of discretion and to document it. Problems were that operators did not stay in post so long as formerly, and that with more dangerous products there must be a higher degree of discipline.

Miss Roberts felt job satisfaction was important — remove it and the worker might be less careful. It could be provided by giving small areas of responsibility: "We get a terrific kick out of running a department but our staff don't get a terrific kick out of screwing tops on bottles all day".

CONFERENCE LECTURE

Drugs in Fashion

Fashions and changing attitudes in society largely influence our use of drugs, particularly our personal rather than prescribed use.

This view was explained by Dr A. S. W. Burgen, director, National Institute for Medical Research, in the conference lecture on Thursday morning.

He illustrated how the social climate influences the use of alcohol, tobacco and tranquillisers. Our attitudes to the use of narcotics have changed radically since the 19th century when tincture of opium was taken regularly, even by children. Today, strict legal requirements govern their use and those people using narcotics are more likely to be the young rebelling against hypocrisies in society.

He went on to say how we accept a degree of narcosis with alcohol but deprecate people who drink to excess, especially if by doing so they harm their families or society. But prohibition was once attempted in the USA and the Moslem religion forbids alcohol while tolerating narcotics.

Today we do not moralise about tobacco smoking but try to discourage it on health grounds. In periods of Russian and Turkish history, however, smoking has carried a death penalty.

Fashions in drug taking may be localised. In the Far East millions are addicted to betel nut chewing, in the Yemen to the ephedrine-like kat and in Siberia to the mushroom fly agaric. Even animals become addicted to drugs — cattle grazing on the great plains of the USA eat *loco* herbs (astragalus species) and seem to have hallucinations when they lose all sense of proportion and leap great heights over stones on the ground. Once an animal has tasted this herb it refuses to eat other herbs and tries to persuade other animals to take it as well.

Dr Burgen classified people who take drugs into three types — those seeking peace and tranquillity (mainly older

people), those seeking release from inhibitions and those craving after excitement (mainly the young).

Tranquillisers and hypnotics fall into the first category. Dr Burgen quoted a recent survey in which half the people interviewed in nine European countries thought tranquillisers were harmful and should not be used. But of these people already taking such drugs, 15-30 per cent thought they were harmful. These drugs are usually taken in the peace of home and do not seriously interfere with social activity. More criticism is directed towards the other two groups of drugs as they often lead to a deterioration of behaviour and moral standards.

Another aspect of contemporary fashion and how it influences our behaviour towards drugs is the recurrent "back-to-nature" movement which says we have drifted too far away from the primitive, simple life and should discourage further drug research. But surely we do not want to return to a primeval folk-lore of ineffective drugs, he said, and there is always the chance that a new drug could revolutionise medicine in the same way as penicillin or insulin. This attitude tends to support tough legislation against the introduction of new drugs and, as in the USA, leads to a digression away from drug research.

Our attitudes towards drugs today are largely influenced by the proliferation of potent, effective medicines, Dr Burgen continued. In particular, our attitude towards toxicity has changed in the past 20 years from one of resignation, in which toxic effects were accepted because there was no alternative, to one that any toxicity is reprehensible. This change was probably precipitated by the thalidomide tragedy and the reaction of the media that this effect should have been predicted. Medical advances are such that death through disease in early life is rare, so our attitude to it makes us seek a life free of risks from drugs and other aspects of everyday living.

Another result of the increased effectiveness of medicines could be over-prescribing, with a decline in the use of the placebo which we perhaps regard today as slightly dishonest if there is an effective alternative.

Dr Burgen concluded that fashions were never arbitrary but reflected the aspirations of differing individuals and, "like the length of women's dresses, they tend to go in cycles. The novel is often merely a rediscovery of the antique."



At the Conference ball, from left Mrs W. M. Blackburn, Mrs A. J. Phillips Bishops Stortford, and Mr J. E. Blackburn Welwyn Garden City



From left Mrs V. W. Shelley, Mrs E. Hopkins Carmarthenshire, Mr J. R. E. Shelley Gwent, Mrs J. M. Rawcliffe Salford, Mr H. J. Metcalfe Gwent and Mrs E. Evans Carmarthenshire

Design of medicines for oral administration

CONFERENCE
SYMPOSIUM
SESSION



The part that physical chemistry should play in the development of new drugs is often overlooked, it was suggested by Dr A. T. Florence, University of Strathclyde, in the opening paper of the symposium session. Many experimental drugs when first formulated were poorly or sub-optimally absorbed, and Dr Florence questioned how many were further manipulated in pharmaceutical development laboratories to gain optimal absorption characteristics. Although rare, it was even possible to get inactive physical forms of active chemical moieties — novobiocin, for example.

Secondary considerations

Physical chemistry and pharmaceutics were often made secondary to stereochemistry and drug purity, and that was reflected in the rapidity with which pharmaceutical development and formulation studies had to be carried out in industry. Dr Florence was sure that that attitude would soon disappear, however, hopefully with effort on the part of those present who were engaged in development work.

Earlier Dr Florence had set out some of the physical parameters which affect drug activity. The first was solution of the drug, which depended upon physiological conditions such as pH, volume of the stomach contents, gastric motility, stomach emptying time, and the effect of other drugs given concurrently on those conditions. But solubility was also related to the physical characteristics of the crystal, which might be altered by, for example, comminution to increase the surface area and make use of the fact that surfaces have fewer chemical bonds and thus go into solution more easily. Comminution might, however, create a surface of amorphous material, which might be less soluble.

Polymorphs with differing melting-points might have different clinical activities, yet there was no way of predicting polymorphism — it had to be looked for. Pseudopolymorphs also existed through disruption of the integrity of the molecule by a foreign molecule. Small particles tended to absorb water and to develop surface charges, affecting particle-size distribution. Co-precipitation of a drug with a polymer resulted in imperfect crystals, often with remarkably high solubility rates. The use of salts could also affect solubility and absorption levels.

Dr Florence also pointed out those absorption factors that could not be established *in vitro*. In the biological situation these included active transport, solvent drag, thermal diffusion, counter-current flow. The large absorptive surface

of the intestinal villi and the fact that the pH at the absorptive surface differed from that in the bulk, had to be considered, while physical factors such as the formation of ion-pairs, complexes and chelates all affected absorption rate.

Dr J. E. Rees, senior lecturer, University of Aston, showed that in the design of dosage forms for oral administration, different formulation systems must be used for different drug substances in order to optimise the two basic requirements — uniformity of drug content and control of drug release. Knowledge of the physico-chemical properties of a drug substance can facilitate the initial choice of a suitable formulation, but biological data are also required to assess whether the rate and site of drug release must be controlled in order to ensure optimum bioavailability.

Various types of excipient may be required to modify the properties of a dosage form or to facilitate processing: these should be physically, as well as chemically compatible with the drug. Numerous factors, including formulation and process variables, can modify the availability of drug from a formulation. This must be recognised when manufacturing procedures are scaled-up or scaled-down during development, and when changes in routine production methodology are proposed.

In vitro techniques for assessing formulations are essential for dosage form design and quality control purposes but cannot always be relied on to predict the *in vivo* performance of a drug delivery system.

Clinician's view

Professor Paul Turner, St Bartholomew's Hospital, London, pointed out that disease may influence the form of oral medication required for a patient. Neurological or local gastrointestinal lesions may produce difficulty in swallowing, and in such cases a liquid preparation or mucilage may be preferable. In routine management of chronic diseases, the rate of absorption of analgesics is probably not critical once steady-state plasma levels are reached with a particular preparation. In a symptom complex like migraine, however, formulations such as effervescent preparations, which produce more rapid and consistent absorption of the analgesic are to be preferred.

Professor Turner considered it rational to consider "positioned-release dosage forms" for delivery of a drug to localised pathological conditions of the gastrointestinal tract — such as Duogastrone and Gaviscon. But for many so-called "sustained-release" preparations he believed good pharmaceutical or clinical

evidence for their claims was lacking. The delayed-release preparation must, however, be reliable — the effect of a life-saving drug must not wear off during the hours of sleep. In some cases the elimination half-life of the drug from a standard preparation is so long that a sustained-release form is unnecessary.

Problems which have still not been satisfactorily resolved are found with drugs which have marked gastrointestinal side effects, for example, iron for anaemia and potassium chloride for substitution therapy.

Patient acceptability of a product in terms of taste, colour and appearance, and size of a solid formulation, is important not only from a marketing point of view, but also because of the influence of such factors on the therapeutic efficacy which has been demonstrated in placebo trials. Protection of the individual, particularly children, from accidental poisoning from drugs must also be considered. More consideration might be given to combining protective agents with potentially dangerous drugs to reduce the risk of damage from overdose.

On cost-effectiveness, Professor Turner believed considerable savings could be made by better formulations leading to a reduction in drug dosage. "It might be better value for money for the pharmaceutical industry to do more research on the medicines we have than to develop duplicate drugs which offer no advantage over existing ones."

Patient variation

During the discussion, Professor Turner suggested that patient variations should be better recognised — stomach pH and emptying rate, diurnal variations, etc — but he doubted whether forms of therapy could be developed that would take them into account. Mr J. F. Buchanan, Lancaster, considered education in dosage timing important, and Professor Turner agreed that timing of drug administrations in hospitals was unrelated to drug kinetics. Dr Rees said that study should be made of elimination half-lives of drugs with the object of providing twice-daily dosage regimens.

Mr J. W. Hadgraft, Anglia regional pharmacist, believed motivating the patient to take the drug a factor — it was easy to remember to take medicine for a pain, but more difficult when continuous medication was required for a chronic condition.

Responding to a suggestion that digoxin tablet variations might not be important in view of the drug's long half-life, Professor Turner said that digoxin toxicity could be fatal, without warning. Some-

Continued on p 369

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Continued from p 367

times differences were very important — in one case a patient passed from sub-therapeutic to toxic dose level simply by changing between tablet and capsule presentations of the same strength of phenytoin.

Mrs J. M. Gilbert, Leicester, suggested that as medicines could not be designed to overcome body variations during sleep, digestion and so on, should not the patient be programmed to fit the medication. Professor Turner felt that the problems of programming a patient on such a basic thing as food intake would be far too great, so it is the drug form that should be programmed according to the patient's ability to co-operate.

Mr A. G. Mooney, Wilmslow, pointed out that most potent medicines are taken haphazardly yet the clinical response is generally satisfactorily, the patient being more concerned with whether he feels better than what his blood levels are. Dr Florence replied that it was biological and economic nonsense to give 250mg of a drug if only 10mg was necessary. We should minimise the amount of a foreign substance we subject the body to, he said. Professor Turner thought that perhaps not all drugs prescribed were necessary and that cost-effectiveness would be much improved if we only gave drugs which were essential.

Professor M. Donbrow, Jerusalem, wondered whether too little attention had been given to the physiology of the gastro-intestinal tract and suggested that we concentrate on developing a drug which would control gastric emptying.

Professor Turner replied that the physiology of normal men, about which quite a lot is known, may differ during disease eg the high sympathetic tone after a cardiac infarct affects the gut motility, hepatic blood flow and drug distribution in a continually changing situation. The problem is to convert the data we know to the clinical situation. The pH of the gut may also change in disease.

Dr G. J. Adams, Bournemouth, questioned the danger to the patient in the confusing and "excessive" number of dosage forms of the same drug and asked whether the pharmaceutical industry would continue to seek new forms which appeared not to have any advantages over existing ones.

Professor Turner replied that if we are to spend more money on better formulations of drugs rather than new drugs,

this multiplicity is inevitable, and he felt it was often desirable to have separate paediatric, parenteral and liquid forms. He felt the drug companies should be looking in this area rather than developing drugs with small differences in molecular structure.

Dr Rees said that reputable companies are looking intensely into new, improved presentation of old drugs as it is becoming increasingly difficult to get acceptance for new drugs. A tablet dosage form is usually the cheapest and gives optimum activity, so we should perhaps reserve liquid forms for cases where the patient cannot take any other.

Replying to a question from Mr J. A. Myers, Edinburgh, Professor Turner said that in the next few years pharmacists should be taught more basic pathology and clinical medicine so that at an early stage they understood more about what the patient and doctor require from a medicine.

Dr F. Fish, Glasgow, suggested we should be more concerned with the problems of polypharmacy and risk of drug interactions in addition to the varying potency of products on the market. Pro-

fessor Turner agreed that in the end, the effect on the patient is the most important issue and it was up to the doctor to be aware of changes in bioavailability when changing from one dosage form to another. He felt there was sufficient legislation in the industry as to the information required when the formulation of a product changed.

Summing up, Professor Turner said it should be the pharmacist's responsibility to select the appropriate formulation for the patient and the doctor's responsibility to decide on the most suitable drug. Self-medication should not be limited, but again the emphasis should be on the role of the pharmacist in selecting the most appropriate formulation.

Referring to the value of slow release preparations, Dr Rees said in industry the main drawback is the lack of adequate data from the medical side as to what are toxic or effective blood levels. Industry is well aware of the costs in providing different formulations and with sufficient feed-back of information as to which specific dosage forms are suitable for patients' needs they can cater for such demands.

CONFERENCE BANQUET

Retailing: pharmacy's stabilising factor

None should be ashamed or uninterested in the retail trade, Lord Redmayne (who is a director of Boots Co) told the Conference banquet. Replying to the toast to the guests (proposed by Mr C. A. Johnson) he stressed the importance of showing staff that retailing is a pleasant job — by training, career structure and benefits in cash and kind, and by making shops cheerful and happy places for customers and staff. Lord Redmayne believed the chemist had an advantage here because of his professionalism.

The non-retail members of the profession, he suggested, must agree that the retail outlet was a principal buttress of their activities, and often worth more to them than the support of governments of any colour.

During the past two years he had conducted the affairs of the Retail Consortium, an association dedicated to improving the status of the retail trade and strengthening its negotiating position with governments and its reputation in the eyes of the public and the Press. "I think it is a job worth doing." However, the

initiative had come too late (the consortium had been formed only five or six years) to stem the tide of interference from governments, well-meaning government agencies, local government and consumer interests. If they had tried a little earlier, the pressures today would have been less.

Lord Redmayne concluded by referring to the wide variety of merchandise in many pharmacies — and suggested that the hard-won profits were a stabilising factor for the profession which other professions should envy.

Sir Alan Marre, Parliamentary Commissioner for Administration and Health Service Commissioner, proposed the toast to the Conference and the Society, to which the president replied. Sir Alan said that of his many investigations into the Health Service over the past year, not one had been against a pharmacist. And his wife, herself involved with the social services, had heard no criticism or complaint against the pharmaceutical services. "There could hardly be a better tribute to pharmacists", he suggested.

At the banquet . . .

From left, Lord Mayor of Nottingham, Coun Stanley Shelton, Mr Ken Youings and Mr Mervyn Madge (members of Council)

From left are Sir Alan Marre (Parliamentary Commissioner for Administration and Health Service Commissioner), Mr C. C. B. Stevens (president), Lord Redmayne of Rushcliffe, and Dr Hobday (Boots Co chairman)



CLOSING SESSION

New look for Conference programme?

The continued success of the Conference science session and the problem of coping with the papers during the available time led Mr C. A. Johnson to suggest that some time should be allocated to the science sessions on the Thursday of Conference week as "most members would be willing to forfeit the Conference excursion". Speaking at the closing session he said that of 127 science contributions submitted 100 were selected and a very strict timetable had to be enforced during the science sessions. The problem of allocating time in the Conference programme for the science sessions would have to be seriously considered by the committee.

Later during the session a member opposed the suggestion that the science sessions should overlap the Conference excursion. Miss Carmen Morgan also referred to the general Conference programme when she asked the president, Mr C. C. B. Stevens if the closing session warranted taking up the whole afternoon. She pointed out that the number of science papers increased and the length of time for discussion "gets shorter preventing a thorough interchange of ideas". Some hospital pharmacists had expressed the desire to attend both professional sessions which run concurrently. "Thus further splitting the profession into two factions". She suggested that more science sessions should be arranged on the Thursday. "A professional session could also take place on Thursday morning followed by an optional Conference excursion on Thursday afternoon.

This left the Conference lecture "which is of general interest to all participants and which could take place on Friday afternoon immediately prior to the closing session. You would therefore have assembled the entire Conference for both the opening and closing sessions . . . a better employment of time and would satisfy a greater proportion of members".

The president said that the suggestions would be considered by the committee. Mr Johnson also announced that Professor M. R. W. Brown, Aston University, would be the next chairman of the Science Group.

Memento presented

At the beginning of the session the president presented to Miss E. Whistler, Nottingham Branch chairman, a lectern as a memento of the 1974 Conference. Later the president announced that the 1976 Conference would be held at St Andrews. Next year's Conference would be held for the first time in Norwich, September 7-12. The chairman, Norwich

Conference excursionists find an object of curiosity at Burghley House, Stamford



local committee, invited all members to attend. Accommodation would be in halls of residence of the University of East Anglia, the Keswick Teacher Training College and hotels in the city. The Conference excursion would be to "The Broads".

Institute's good year

At the annual sherry party of the Institute of Pharmacy Management over 150 members were received by Mr Mervyn Madge, chairman of the Institute, who in his speech referred to the continuous progress of the Institute both nationally and internationally. During the year 110 new members had been enrolled, an in-

crease of 12 per cent over the previous period. Exceptional progress had been made overseas, especially in Nigeria following the lecture tour by Mr Tomski.

Mr Madge said serious consideration must now be given by the Institute to the formation of overseas branches. He referred to the national conference in Scotland October 4-7 where the main topics would be VTO and low cost distribution schemes with speakers from USA and South Africa. Details were available from the director, J. Barrie Thompson, 150 Charminster Road, Bournemouth. Mr Madge also mentioned that preliminary discussions had taken place with the NPU concerning post-graduate management education.

FIP looks forward to Dublin congress in 1975

"The basis of the quality control of medicines" will be the theme of the *Fédération Internationale Pharmaceutique's* 35th international congress to be held in Dublin, September 1-5, next year.

The main symposium on the control of medicines will have invited speakers to give papers dealing with physico-chemical aspects; biological aspects; new concepts and standards as applied to controlled drug delivery systems; storage problems; and problems of international control. Parallel symposia will offer more specific treatment of the quality control theme under the headings of: physico-chemical methods of analysis; microbiological aspects of control; bioavailability; separation techniques; and submissions to regulatory bodies.

Personal communications may be submitted both on topics related to the main theme and the following divisions: medicinal chemistry, analysis of drugs, pharmaceutical technology, biopharmacy, biochemistry and pharmacology, and pharmacognosy. Such communications should be submitted by April 1, 1975 on a special form to be distributed with the final circular mailed in December.

Organised by the Pharmaceutical Society of Ireland, the congress will be held at the Burlington Hotel in Dublin. Preliminary application forms should be sent to the Congress Secretariat, E.T.A. (Congresses and Expositions), 44 Northumberland Road, Dublin 4, Ireland, by November 30.

□ Mr M. J. Cahill, the Irish Pharma-

ceutical Society's representative at FIP's Congress at Rome last week, lost his brief case and Congress documents when his hotel room was burgled on the last night. Anyone who requested details from him about the 1975 FIP Congress in Dublin is asked to reapply as the names and addresses of inquirers were among those documents stolen.

National feelings evident at Rome FIP assembly

The 25th general assembly of the International Pharmaceutical Federation showed signs of strain when it considered the position of the secretary general at its meeting in Rome on September 6. Although the statutes accept Holland as the seat of the organisation, the question was, should the secretary general always be Dutch.

A proposal was made to elect Mr Brus of Belgium. The debate was prolonged and often heated and developed into a consideration of the whole structure of FIP.

Based upon a motion by Professor A. H. Beckett (UK), the assembly agreed by one vote to instruct the general council to set up a commission to consider the changes needed to bring FIP more in line with modern conditions; that this commission report these to the general assembly of 1976; and that any further resolutions on the part of the council be deferred until the report of the commission has been made.

Company News

Mr H. G. Moss to shed executive responsibilities

Mr H. G. Moss, OBE, FPS, currently chairman and managing director of E. Moss Ltd, is to relinquish his executive responsibilities as managing director, a position which he has held since the formation of the company in 1934.

From October 1, Mr G. J. Harvey, DFC, MPS, and Mr H. S. Wood, JP, MPS, will become joint managing directors. Mr Harvey's responsibilities will be in the field of development, sales, and branch organisation, while Mr Wood will cover general administration and personnel matters. Mr Moss will remain on the board as a director and chairman of the company, and will continue to take an active part in the formulation and application of matters of general policy.

Carlisle depot for Vestric

A new Vestric depot for prescription products, standard drugs and Drug Tariff sundries opens at the Kingstown Industrial Estate, Carlisle on September 16. The new depot will supply customers in the counties of Cumbria, Dumfriesshire, Kirkcudbrightshire and Wigtownshire. In addition to the fast ethical service, the depot will offer a 24-hour delivery on a range of OTC products. Manager of the new unit will be Mr L. B. Jack, who joined Vestric in 1970.

Management changes at PD & Co

Mr D. R. Ross, general manager of Parke, Davis & Co, Pontypool, has been appointed managing director, Warner-Lambert Services Ltd. He is to be succeeded by Mr E. A. Buy who is currently general manager of Parke, Davis' operations in Southern Africa. Mr R. S.

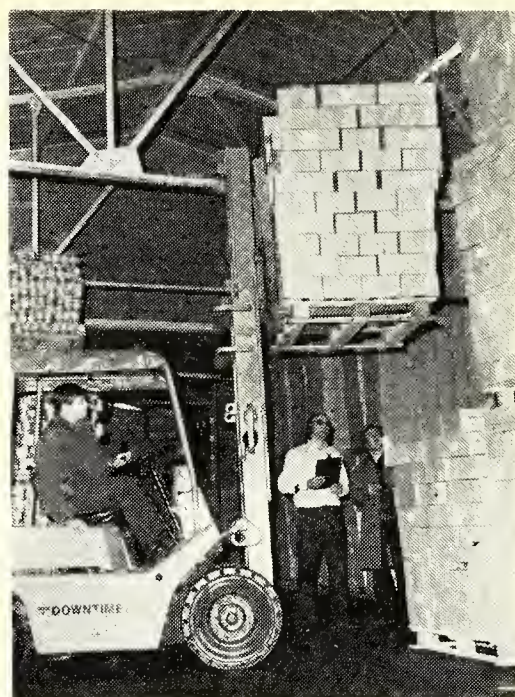
Newton, marketing director of Parke, Davis since 1968, is taking up a new post in Scandinavia on his appointment as regional manager, Scandinavia. Mr Newton will be responsible for the development and management of all PD and Warner-Lambert operations and businesses in the Scandinavian countries, while maintaining their separate identities. Mr Newton will be succeeded as marketing director by Mr P. W. P. Madge who joined the company in 1970 as marketing planning manager from Glaxo Laboratories. In March of this year he was appointed manager, UK medical marketing.

Higher prices boost A & W's profits

Profit attributable to Ordinary stockholders of Albright & Wilson Ltd for the first half of the year was £7.66m against £2.85m for the first half of 1973, providing earnings per stock unit of 11.7p as against 4.4p. Profit before taxation was £11.65m (£3.76m). The increase in profits was largely the result of higher volume and prices of exports from the UK, and increased earnings by the company's overseas operations. The outlook for the second half year is good, but because of normal seasonal variations, rapidly inflating costs and continued price restrictions in the UK, results in the remainder of the year are not expected to equal those for the first half.

Big jump in ICI sales and profit

Group sales for Imperial Chemical Industries Ltd in the first half of the year amounted to £1,444m or 41 per cent more than in the corresponding half of last year. The increase continues to come mainly from sales made overseas both from local manufacture and from UK exports. Sales in the UK increased from £455m to £598m and those overseas from £569m to £846m. The fob value of exports rose from £189m in the first half of 1973 to £323m in the current half year; the latter included exports to EEC of £109m.



Preparing for the "inevitable" forthcoming winter shortage of glass dispensing containers caused by problems in the UK glass industry, the Wellcome consumer division at Crewe Hall, Crewe, Ches, has been building up stocks of 100-500-ml glass containers, supplemented with imports.

The directors point out that the total profits should be judged in the light of inflation. If such adjustments were made, group profit, before tax, of £245m would be some £50m less.

Briefly

Roure Bertrand Dupont Ltd are moving on September 20 to: Roure House, 38A High Street, Harefield, Uxbridge, Middlesex UB9 6BA (telephone: Harefield (420) 2137).

May & Baker Ltd have received a Royal Warrant of Appointment as manufacturers of agricultural herbicides to the Queen.

Glaxo Laboratories Ltd: To cope with continually increasing world-wide demand for tuberculosis vaccine, Glaxo Laboratories' BCG unit at Greenford, Middlesex, has moved into larger premises containing equipment capable of boosting production by at least 50 per cent.

Appointments

Yardley of London Ltd: Mr W. Scotland has joined the company as research and development manager at Basildon where Mr S. Boyce has been appointed production manager and Mr D. Schofield, production system executive.

Unichem Ltd have appointed their first lady sales representative — Susan Webster, 26, formerly with W. Griffiths (Chemist) at New Malden, Surrey. Mrs Webster will visit customers in Berkshire, Hampshire, West Sussex and Dorset. — Chairman of the West Sussex Area Pharmaceutical Committee, Mr A. R. Moore and Mr P. J. Martel, Paddock Wood, Kent, have been appointed to the south regional committee of Unichem. They will represent members in the Croydon depot area.



Sangers Ltd opened their computer centre at Huntingdon last week. Employed is the IBM system 370 model 135. In the video room, some of the 50 terminals are seen here in use. A total of 70 terminals has been planned. The complete print-out at present consists of sales invoices, statements and other data required by the company.

Letters

This department sends medicines to approved hospitals and clinics in developing countries. Supplies are examined for condition and possible date expiry times before dispatch.

Pharmacies wishing to support this effort should contact their nearest regional centre or write, or send goods to War on Want Medical Centre, 34 High Street, Aylesbury. Postage would be refunded if requested.

A. P Sadler
Aylesbury

Viability

Twenty-five years ago there were 16,000 pharmacies and now there are only 11,000. Unless a pharmacy dispenses at least 2,000 prescriptions per month it is uneconomic and the owner is subsidising the health service.

I am told there are 4,000 pharmacies doing less than 2,000 prescriptions per month. If you now take into consideration the increased costs of rates, power, wages, repairs, mortgage and bank interest, tightening of credit, etc, etc, perhaps a further 1,000 pharmacies are now borderline cases and quickly becoming uneconomic.

This leaves 6,000 pharmacies to do the nation's dispensing. With inflation continuing to rise and no increase in remuneration, how long can they themselves stay in business? The NHS dispensing service as we know it is in danger of complete collapse unless 5,000 pharmacies are made to be at least viable and *not* next year, sometime, never, but *now*.

K. Moore
Sheffield

Employee representation

Employee pharmacists engaged in general practice continue in their efforts to gain representation within the profession. Their activity gained publicity particularly at the time of the Pharmaceutical Society Council elections.

A meeting was held in Birmingham on July 28 between members of the Joint Boots Pharmacists Association and representatives of other multiple companies to discuss the feasibility of forming a national association of employee pharmacists engaged in general practice. As a result of these exploratory discussions a further meeting is on October 6.

Employee pharmacists seeking further information on these developments should contact the undersigned.

S. E. Boney
10 Wimborne Court,
Highview Road,
Sidcup, Kent

Phenacetin tablet supplies

New regulations controlling phenacetin-containing analgesics such as compound codeine tablets have resulted in excess stocks of these preparations in many pharmacies. Though now considered unsuitable for routine use, such preparations may still have a useful application for occasional acute treatments, and existing BP monographs are to be retained for the time being. Pharmacies with more stock than they are likely to use within its reasonable shelf life may like to donate them to the medical department of War on Want.

Books

Poisoning by drugs and chemicals, plants and animals

Peter Cooper FPS, 3rd edition. *Alchemist Publications (sole distributors Lloyd-Luke (medical books) Ltd, 49 Newman Street, London W1) 8½ x 5½ in. Pp xxxiv + 218 £2.85.*

The greatly increased number of monographs included since the previous edition has necessitated a change of format. A larger page size and 2-column printing has been adopted, but the entries are still in alphabetical order with a full list of synonyms in the index.

Each monograph lists the action, absorption, excretion, toxic effects, suggested treatment and aids to identification. Notes on the treatment methods used in poisoning are included in the appendices specifically for pharmacists and nurses. An appendix on reagents and tests is intended to give pharmacists without full access to laboratory facilities help in determining the nature of an unknown substance. The book is directed towards everyone who has any connection with the treatment of patients suffering from overdosage or ingestion of any noxious substance.

Coming events

Monday, September 16

Aberdare, Methyr, Rhondda Valleys Branch, Pharmaceutical Society, Criterion Hotel, Pontypridd, at 8 pm. Dr D. H. Maddock on "Future of pharmacy".

Enfield Branch, Pharmaceutical Society, Medical centre, Chase Farm Hospital, at 7.45 pm. President's night. Mr A. G. A. Garrett on "Pharmacy then and now".

Romford Branch, Pharmaceutical Society, Macarthy's Ltd, Chesham House, Chesham Close, Romford, at 7.45 pm. Dr J. K. Crellin (Wellcome Institute for the History of Pharmacy) on "Antiques and the history of pharmacy".

Tuesday, September 17

Brighton, Hove Branch, Pharmaceutical Society, Langfords Hotel, Hove. Refresher course on "Physiology and pharmacology of the respiratory system".

Leicester and Leicestershire Branch, Pharmaceutical Society, Postgraduate medical centre, Royal Infirmary, Leicester, at 8 pm. Chairman's evening.

Wednesday, September 18

Pharmaceutical Group, Royal Society of Health, Cumberland Hotel, Marble Arch, London W1, at 12 noon. Dr D. G. Davey OBE on "The cost of drug research".

Friday, September 20

Merseyside Branch, National Association of Women Pharmacists, 15 Station Road, Maghill, Lancs, at 7.45 pm. Cheese and wine evening.

Market News

SPICES IN DOLDRUMS

London, September 11: The market for spices, in the doldrums for several months now, shows no sign of breaking out. Manufacturers of spice-containing products would normally be in the market for replenishments at this time of the year but it appears many are still stocked up with consignments bought a year ago. Any small orders that are being placed at the moment are frequently accompanied by a request for extended credit. During the week only pepper recorded a price change. In crude drugs quotations for cascara were sharply up. Also dearer was podophyllum root, Peru balsam and aloes. The wide price gap normally existing between Curaçao and Cape aloes has almost disappeared.

In oils cinnamon leaf, eucalyptus, bois de rose, petitgrain, sandalwood and sassafras were slightly easier. Spanish olive oil exports are still restricted but Tunisian is available for shipment; spot quotations eased slightly.

Tannic, gallic and pyrogallic acid prices are currently unstable and those quoted below must be regarded as a guide (as indeed with many pharmaceutical chemicals at the present time).

Pharmaceutical chemicals

Ammonium bicarbonate: £68.60 metric ton nominal.

Bemegride: BPC £16 kg.

Bromides: Crystals (£ per metric ton).

	under 50-kg	50-kg	250-kg
Ammonium	730.00	612.00	587.00
Potassium*	650.00	554.00	529.00
Sodium	650.00	546.00	521.00

*Powder plus £27-£30 as to quantity.

Calamine: BP £424.00 per 1,000 kg for 250-kg lots.

Cinchocaine hydrochloride: £49.50 kg.

Gallic acid: BPC in 1,000-kg lots £2.32 kg. nominal.

Tannic acid: BP in 500-kg lots, fluffy £2.35 kg; powder £2.31, nominal.

Pyrogallic acid: Pure in 500-kg lots £6.00 kg, nominal.

Crude drugs

Aloes: Cape £1,350 metric ton, £1,300, cif. Curaçao £1,450 spot; £1,350, cif.

Balsams: (kg) **Canada:** Unobtainable. **Copaiba:** BPC £2.95 spot; £2.90 cif. **Peru:** £9.80 spot; £9.65, cif. **Tolu:** £3.80 spot; £3.70 cif.

Cascara: £700 metric ton spot; £680, cif.

Menthol: Brazilian £21.50 kg spot £21.00, cif. Chinese £27.50 spot £26.00, cif.

Pepper: (ton) Sarawak black £720 spot; £690, cif; white £885, cif.

Podophyllum: Emodi (metric ton) £500, spot; £470, cif.

Essential and expressed oils

Almond: Drum lots £1.32 kg.

Anise: £24.60 to £28.00 kg spot.

Bois de rose: Shipment £6.50 kg, cif.

Camphor white: £2.75 kg afloat; £2.50 cif.

Cinnamon: Ceylon leaf £3.50 spot; £3.40 cif.

English distilled bark: £130 kg.

Eucalyptus: Chinese £8.50 afloat for 80-85 per cent; £8.00, cif.

Peppermint: (kg) *Arvensis*, Brazilian £8.25 spot; £8.50, cif. Chinese £13.00, cif. American piperata from £16.00.

Petitgrain: £9.00 kg, cif.

Sandalwood: Mysore spot offered at £80.00 kg. Shipment ££65.00, cif.

Sassafras: Chinese £3.30 kg; Brazilian £2.30 spot.

André Philippe



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Classified Advertisements

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Job description and application form from Personnel Department, King's College Hospital, Denmark Hill, London SE5 9RS. Tel: 01-274 6222 Ext. 2724/8.

Further information and departmental visits can be arranged by contacting Miss J. Crouch, Principal Pharmacist, Dulwich Hospital. Tel: 01-693 3377.

Miscellaneous

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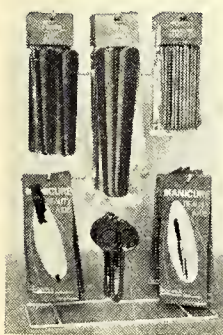
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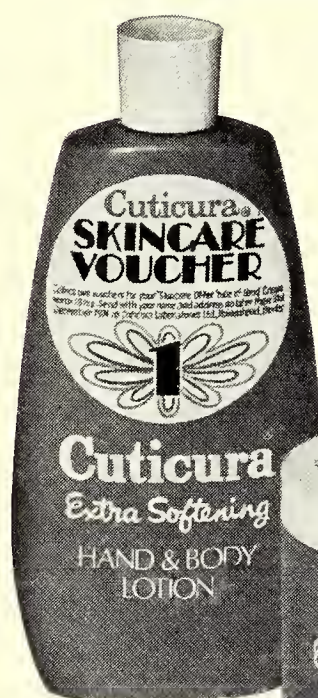
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